Community and Public Health Advisory Committees Meeting

Wednesday, 16th March 2016

2.00pm

Venue

Waitemata District Health Board
Boardroom
Level 1, 15 Shea Tce
Takapuna

Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Waitemata District Health Board
Best Care for Everyone

AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES (CPHAC) MEETING
16th March 2016

Venue: Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna **Time: 2.00pm**

COMMITTEE MEMBERS	MANAGEMENT
Gwen Tepania-Palmer – Committee Chair (WDHB and ADHB Board member)	Dale Bramley - WDHB, Chief Executive
Lester Levy - ADHB and WDHB Board Chair	Ailsa Claire - ADHB, Chief Executive
Max Abbott - WDHB Deputy Chair	Debbie Holdsworth - ADHB and WDHB, Director Funding
Jo Agnew - ADHB Board member	Simon Bowen - ADHB and WDHB, Director Health Outcomes
Peter Aitken - ADHB Board member	Naida Glavish - ADHB and WDHB Chief Advisor, Tikanga
Judith Bassett – ADHB Board member	Paul Garbett - WDHB, Board Secretary
Chris Chambers - ADHB Board member	
Sandra Coney - WDHB Board member	
Warren Flaunty - Committee Deputy Chair (WDHB Board member)	
Lee Mathias - ADHB Deputy Chair	
Robyn Northey - ADHB Board member	
Christine Rankin - WDHB Board member	
Allison Roe - WDHB Board member	
Elsie Ho - Co-opted member	
Rev Featunai Liuaana – Co-opted member	
Tim Jelleyman - Co-opted member	

Apologies: Ailsa Claire

AGENDA

KARAKIA

DISCLOSURE OF INTERESTS
- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

Items to be considered in public meeting

2.00pm *(please note agenda item times are estimates only)*

Auckland and Waitemata District Health Boards

Community and Public Health Committees

Member Attendance Schedule 2016

NAME	FEB	MAR	APRIL	JUNE	JULY	SEPT	OCT	NOV
Gwen Tepania-Palmer (ADHB / WDHB combined CPHAC Committees Chair)	✓							
Warren Flaunty (ADHB / WDHB combined CPHAC Committees Deputy Chair)	✓							
Dr Lester Levy (ADHB and WDHB Chair)	✓							
Max Abbott	✓							
Jo Agnew	✓							
Peter Aitken	✓							
Judith Bassett	✓							
Chris Chambers	✓							
Sandra Coney	✓							
Lee Mathias (ADHB Deputy Chair)	✓							
Robyn Northey	✓							
Christine Rankin	✗							
Allison Roe	✓							
Co-opted members								
Elsie Ho	✓							
Rev. Featunai Liuaana	✗							
Dr Tim Jelleyman	✓							

✓ *attended*
✗ *absent*
** attended part of the meeting only*
 # absent on Board business
+ ex-officio member

REGISTER OF INTERESTS

Committee Member	Involvements with other organisations	Last Updated
Lester Levy	Chair – Auckland District Health Board Chairman – Auckland Transport Chairman – Health Research Council Independent Chairman – Tonkin & Taylor Chief Executive – New Zealand Leadership Institute Professor of Leadership – University of Auckland Business School Trustee - Well Foundation (ex-officio member) Lead Reviewer - State Services Commission, Performance Improvement Framework	03/02/16
Max Abbott	Pro Vice-Chancellor (North Shore) and Dean - Faculty of Health and Environmental Sciences, Auckland University of Technology Patron - Raeburn House Advisor - Health Workforce New Zealand Board Member - AUT Millennium Ownership Trust Chair - Social Services Online Trust Board Member - The Rotary National Science and Technology Trust	19/03/14
Jo Agnew	Professional Teaching Fellow - School of Nursing, Auckland University Trustee Starship Foundation Casual Staff Nurse - ADHB	01/03/14
Peter Aitken	Pharmacist Shareholder/Director, Consultant - Pharmacy Care Systems Ltd Shareholder/Director - Pharmacy New Lynn Medical Centre	15/05/13
Judith Bassett	Nil	09/12/10
Chris Chambers	Employee - Auckland District Health Board (wife employed by Starship Trauma Service) Clinical Senior Lecturer- Anaesthesia Auckland Clinical School Associate - Epsom Anaesthetic Group Member - ASMS Shareholder - Ormiston Surgical	20/04/11
Sandra Coney	Elected Member - Chair: Waitakere Ranges Local Board, Auckland Council	12/12/13
Warren Flaunty	Member - Henderson - Massey and Rodney Local Boards, Auckland Council Trustee (Vice President) - Waitakere Licensing Trust Shareholder - EBOS Group Shareholder - Green Cross Health Owner – Life Pharmacy North West Director - Westgate Pharmacy Ltd Chair - Three Harbours Health Foundation Director - Trusts Community Foundation Ltd	25/11/15
Lee Mathias	Chair - Counties Manukau District Health Board Chair – Unitec Director – Health Innovation Hub Director – healthAlliance Director – New Zealand Health Partnerships Managing Director - Lee Mathias Ltd Trustee - Lee Mathias Family Trust Trustee - Awamoana Family Trust Director - Pictor Ltd Director - John Seabrook Holdings Ltd Chair - Health Promotion Agency	03/02/16
Robyn Northey	Project management, service review, planning etc - Self-employed Contractor Board member - Hope Foundation Northern Region Trustee - A+ Charitable Trust	18/07/12

Register of Interests continued…

Christine Rankin	Member - Upper Harbour Local Board, Auckland Council Director - The Transformational Leadership Company	15/07/15
Allison Roe	Member - Devonport-Takapuna Local Board, Auckland Council Chairperson - Matakana Coast Trail Trust	02/07/14
Gwen Tepania-Palmer	Chairperson - Ngatihine Health Trust, Bay of Islands Life Member - National Council Maori Nurses Alumni - Massey University MBA Director - Manaia Health PHO, Whangarei Board Member - Auckland District Health Board Committee Member - Lottery Northland Community Committee	10/04/13
Co-opted Members		
Elsie Ho	Associate Professor - School of Population Health, University of Auckland Member - Waitemata DHB Asian Mental Health and Addiction Governance Group Member - Problem Gambling Foundation of New Zealand Advisory Board Trustee – New Zealand Chinese Youth Trust	03/09/14
Rev Featunai Liuaana	Chairperson – Congregational Christian Church Samoa Sandringham Trust Board Trustee – Congregational Christian Church Samoa Trust Chairperson – Mothers and Daughters Health – HVAZ and Alliance Health Plus Committee Member – Working Group for Pacific Health Action Plan (ADHB and WDHB) Deputy Chairperson – Working Group Pacific Family Violence (ADHB and WDHB) Member – MIT Pasifika Students Forum Secretary - Negotiation Committee – EFKSNZ Trust Secretary – EFKSNZ Trust	29/04/15
Dr Tim Jelleyman	Clinical Chair - Child Health Network, Northern Regional Health Plan Honorary Clinical Lecturer - Faculty Medicine and Health Sciences, University of Auckland President elect – Paediatric Society of New Zealand Member-Board of Kaipara Medical Centre Community Paediatrician, Waitakere Hospital Member – ASMS	18/01/16

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 03rd February 2016

Recommendation:

That the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 03rd February 2016 be approved.

Minutes of the meeting of the Auckland DHB and Waitemata DHB

Community and Public Health Advisory Committees

Wednesday 03 February 2016

held at Waitemata DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna, commencing at 2.03p.m.

All items considered in Public Meeting

COMMITTEE MEMBERS PRESENT:

Gwen Tepania-Palmer (Committee Chair) (ADHB and WDHB Board member)
Lester Levy (ADHB and WDHB Board Chair)
Max Abbott (WDHB Board member)
Jo Agnew (ADHB Board member)
Peter Aitken (ADHB Board member)
Judith Bassett (ADHB Board member)
Chris Chambers (ADHB Board member)
Sandra Coney (WDHB Board member)
Warren Flaunty (Committee Deputy Chair) (WDHB Board member)
Lee Mathias (ADHB Deputy Chair)
Robyn Northey (ADHB Board member)
Allison Roe (WDHB Board member)
Elsie Ho (Co-opted member) (present from 2.08p.m.)
Tim Jelleyman (Co-opted member)

ALSO PRESENT:

Dale Bramley (WDHB, Chief Executive)
Ailsa Claire (ADHB, Chief Executive)
Simon Bowen (ADHB and WDHB, Director Health Outcomes)
Debbie Holdsworth (ADHB and WDHB, Director Funding)
Tim Wood (ADHB and WDHB, Funding and Development Manager, Primary Care)
Andrew Old (ADHB, Chief of Strategy/Participation and Improvement)
Ruth Bijl (ADHB and WDHB, Funding and Development Manager, Child, Youth and Women's Health)
Paul Garbett (WDHB, Board Secretary)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES:

Lynda Williams, Auckland Womens Health Council
Tracy McIntyre, Waitakere Health Link
Wiki Shepherd-Sinclair, Health Link North
Lorelle George, Comprehensive Care/Waitemata PHO
Gaylene Sharman, HealthWest, Te Puna Manana
H.Wihongi, HealthWest, Te Puna Manana
D. Dallimore, Massey University

APOLOGIES: **Resolution** (Moved Lee Mathias/Seconded Jo Agnew)

That the apologies from Christine Rankin and Rev. Featunai Liuaana be received and accepted.

Carried

WELCOME: The Committee Chair gave a warm welcome to all those present.

KARAKIA: The Committee Chair led the meeting in the Karakia.

DISCLOSURE OF INTERESTS

There were no additions or amendments to the Interests Register,

There were no declarations of interests relating to the agenda.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. COMMITTEE MINUTES

2.1 Confirmation of the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 25th November 2015 (agenda pages 7-18)

A correction was noted to the second page of the minutes – the seconder of the second resolution on that page needs amendment to read: "Judith Bassett".

Resolution (Moved Jo Agnew/Seconded Peter Aitken)

That with the above correction, the Minutes of the Auckland and Waitemata District Health Boards' Community and Public Health Advisory Committees Meeting held on 25th November 2015 be approved.

Carried

Matters Arising (agenda page 19)

No issues were raised.

2.08p.m. – Elsie Ho present.

3 DECISION ITEMS

There were no decision items.

4. INFORMATION ITEMS

4.1 Child, Youth and Women's Health (agenda pages 20-26)

Ruth Bijl (Funding and Development Manager - Child, Youth and Women's Health), Natalie Desmond (Senior Programme Manager - Child Health) and Pam Hewlett (Programme Manager - Women's Health) were present for this item.

Ruth Bijl introduced the report. Matters that she highlighted included:

- Achievement of the 95% immunisation at 8 months target for the first time in Waitemata DHB for the quarter ended December 2015. Unfortunately a small drop in performance towards the end of the quarter had meant that Auckland DHB had missed the target by 1%.
- The changes made to the Rapid Response component of the Rheumatic Fever Programme, as described on page 21 of the agenda.
- The work on developing a Childhood Obesity Plan; working on a plan that reflects Ministry expectations but also includes local initiatives that they consider need to be put in place.
- The outstanding result for HEADDS coverage in Auckland DHB of 97%.

Matters considered in discussion and response to questions included:

- Issues affecting reporting on the percentage of women booking with a lead maternity carer (LMC) within 12 weeks. These include early engagement data from the Ministry being 12 to 18 months out of date by the time it is received. Another issue had been the fact that many women chose to see a general practitioner before they see a LMC; a pathway had been developed to handle that complication. The team is also developing information for women advising them on why they should see a LMC early. With regard to the delay in receiving data, Lee Mathias suggested considering establishing a process based on payments made to LMCs, which might be relatively simple to set up. Ruth Bijl advised that the Ministry of Health has recently established a committee for Maternity and Child Health. They have advised the Ministry that they would like to have a national teleconference with that Committee. This would be an opportunity to take such issues and suggestions to them.
- Lee Mathias advised that the national programme on obesity was currently still in the first phase of awareness promotion on the issue. This phase finishes in March and the next phase will then be introduced.
- In answer to a question, Ruth Bijl confirmed that work is under way to obtain more "granulated" information specific to the different Asian population groups in the Auckland Region.
- Sandra Coney will be provided with a copy of the DHBs' submission on the Ministry of Health's proposals for changes relating to cervical screening (this was arranged by Debbie Holdsworth following the meeting).
- In answer to questions, Ruth Bijl confirmed that the consultation by Waitemata DHB on options for the provision of primary birthing units is to get feedback, particularly from women who may be service users as well as their partners, families, and also from health professionals. Information from the consultation process will be gathered, collated and analysed and will come back to the Board with other information to assist the Board to make its decision. The consultation process goes through to March, with collation and

analysis of submissions in April. They would need to endeavour to avoid timing the decision making process close to the 2016 elections.

- It was noted that the results for the Before School Checks coverage rates in the Scorecard represented progress year to date and were encouraging in terms of the end of year and year to date targets.
- With regard to childhood obesity targets, Allison Roe advised that the Federal Government in Australia has withdrawn its funding for Healthy Victoria, on the basis that this intervention is failing to get results and needs to be targeted at women. In discussion on this Lee Mathias commented that Healthy Victoria had been focussed on people in work, whereas the New Zealand Healthy Families approach is more school based. Allison Roe advised that she had information on both the Australian decision and on recent concerns expressed with HPV testing. She would forward this to Sandra Coney and any other Committee members who wished to see it.

In conclusion the Committee Chair thanked the Child, Youth and Women's Health Team and asked that the Committee's appreciation be passed on by the team to all those working in immunisation and indeed to all our stakeholders for focussing on helping the DHBs achieve their health targets.

The report was received.

4.2 2016/17 Annual Planning Update (agenda pages 27-30)

Simon Bowen (Director – Health Outcomes) and Wendy Bennett (Planning and Health Intelligence Manager) presented this item. Wendy Bennett briefly summarised the report.

Matters covered in discussion and response to questions included:

- With regard to the new health target – by December 2017, 95% of obese children identified in the B4 School Check programme will be referred to a health professional for clinical assessment and other interventions - Simon Bowen advised that as part of the development of the childhood obesity plan they are working through what the policy will look like and how they will implement it. As this work was a given requirement for the DHB, they had not given particular thought as to how the programme might be evaluated. There is a Ministry of Health initiative funding an obesity reduction programme in the Waikato and it was expected that there would be an evaluation of that. They would be looking at such issues as the evidence on whether such children should be referred to GPs or other providers. Ruth Bijl also noted that there are already referrals of children with obesity problems; what the new target would do is expand the number of children referred. The international evidence is that any intervention will have some benefit, but that interventions should be founded on the family to have the best results.
- In answer to a question as to whether similar attention should also be given to children with very low weight, in the bottom 5% in terms of BWI, Tim Jelleyman advised that children in that group are at risk of having some other health problem, or if there is no such problem the conclusion may just be that they are naturally skinny. He also noted that the use of BMI as an individual measure is probably not its best use; it has better use as a population marker.

Probably what needs to be thought about at the population level is what the trend is in BMI over time.

The Committee Chair thanked Wendy Bennett and Simon Bowen for the report. She also thanked the team that had put together the planning days at Auckland DHB and Waitemata DHB. Those who had attended them, including Board members, had found them very beneficial.

The report was received.

5. STANDARD REPORTS

5.1 **Planning, Funding and Outcomes Update** (agenda pages 31-48)

Simon Bowen and Debbie Holdsworth presented this report.

Simon Bowen highlighted:

- The major focus at this time of the year on the Annual Plans.
- The updated population projections (section 1.1 of the report), particularly the significant increase for Auckland DHB, which will impact both positively and negatively on various performance results.
- The inclusion in the report of some correspondence sent in response to a request from the Director General of Health for information on what the two DHBs are doing to target services towards achieving the Government's better public service objectives (section 1.2 of the report).
- The information on the submissions to the New Zealand Health Strategy (also Section 1.2 of the report).

In answer to a question as to his personal view of the New Zealand Health Strategy, Simon Bowen advised that many features he found positive, including the investment approach used, but commented that he would have liked to see a more ambitious and more detailed strategy. He was not sure as to what extent the Ministry intended to further develop the strategy.

Simon Bowen highlighted some of the updates from the Auckland Regional Public Health Service in Section 8 of the report, including:

- Submissions by ARPHS on the Building (Swimming Pools) Amendment Bill and submissions on other topics.
- The Healthy Auckland Together update.

With regard to the Pacific Demographic Profile (Section 8.3 of the report), Chris Chambers asked the question whether Pacific people are still as connected to their communities as in the past. He noted that a lot of the strategies that the DHBs had followed had involved working through the Pacific churches. In response Simon Bowen that there will be a Pacific update to the next meeting of CPHAC and an opportunity to consider more information there. His understanding is that involvement and connection with the churches is probably the right approach, but not the only strategy that will need to be employed. Lee Mathias suggested that there may be changes happening with third generation members of the Pacific community and the DHBs may want to get some sociological work done to find out what is happening. Lester Levy and Ailsa Claire commented on a meeting with Government Minister Pseta Sam Lotu-Iiga the previous week, which had left a relatively optimistic impression about where the Pacific population is heading.

There was a short discussion on reporting back final submissions made on behalf of the Boards or CPHAC. It was indicated that members would like to see full final submissions and inclusion in the Resource Centre on Boardbooks is a convenient way to do this in the case of lengthy submissions. This has been noted for the future.

Debbie Holdsworth was invited to comment on the Funding sections of the report. Matters that she highlighted included:

- The Whanau House Health Needs Analysis (section 4.3 of the report).
- The Bariatric Project, looking at ways to improve bariatric access for Maori and Pacific (section 4.4 of the report).
- The work to increase Asian access and utilisation of health services, including PHO enrolment (Section 5.2 of the report).
- A substantive update on Pacific Health will be coming to the 16 March CPHAC meeting.
- The completion of the first interim facility (in Kumeu) in the High and Complex Needs project (Section 6.4 of the report).

Further matters covered in discussion and response to questions included:

- With Home and Community Support Services travel (Section 3.1 of the report), workers are being paid for travel time taken and the issue is just about how the funding system works between the Ministry of Health and the DHBs.
- An update is coming to the next Auckland DHB Board meeting on the Tamaki Mental Health and Wellbeing Initiative.
- With regard to the updated population projections (Section 1.1 of the report), Simon Bowen confirmed that this particular update was provided to reflect the increased migration levels over the past year. Dale Bramley advised that this was calculated by Statistics NZ using data for immigration in and out of the country, births and deaths. These updated figures are already underestimated in view of the accelerated rate of immigration to New Zealand. Statistics NZ has always taken a conservative approach in its estimates.
- Max Abbott asked if time had been scheduled this year to focus on key areas. One area that he saw as needing such a focus is Asian/Migrant/Refugee health, which has particular challenges and needs. A second is the work Waitemata DHB is doing on Primary Mental Health.
- Dale Bramley advised that a report on Primary Mental Health will be going to the next Waitemata DHB Board meeting. It was noted that it would be worthwhile to consider sharing some of the information from this work with CPHAC.
- Simon Bowen advised that they are in the process of updating the Asian Health Needs Assessment done in 2012. Dale Bramley confirmed that information in this is broken down by population group. The Asian International Benchmarking Report (Section 5.1 of the report) was also referred to, comparing health status of Asian migrants in different countries and looking at the reasons for differences.

The report was received.

6 General Business

There was no general business.

The Committee Chair thanked Committee members for their participation in the meeting. She also thanked the health link representatives, the representatives of the PHOs and Lynda Williams from Auckland Womens Health Council

The meeting concluded at 3.03p.m.

SIGNED AS A CORRECT RECORD OF A MEETING OF THE AUCKLAND AND WAITEMATA DISTRICT HEALTH BOARDS' COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEES HELD ON 03 FEBRUARY 2016

____CHAIR

Actions Arising and Carried Forward from Meetings of the Community and Public Health Advisory Committees as at 07th March 2016

Meeting	Agenda Ref	Topic	Person Responsible	Expected Report Back	Comment
CPHAC 14/10/15	5.1	Pacific Health – Update report requested for CPHAC for early 2016.	Lita Foliaki	CPHAC 16/03/16	Included in March agenda.
CPHAC 25/11/15	3.1	Housing – Information to be provided to CPHAC on what the DHBs are doing practically when people with housing and related problems come into contact with the services that they provide.	Simon Bowen	CPHAC 16/03/16	Included as section 7 of item 5.2 Planning, Funding and Outcomes Update.

4.1 Waitemata DHB and Auckland DHB Pacific Health Action Plan 2013 - 2016 Progress Update

Recommendation

That the Community and Public Health Advisory Committee receives the report.

Prepared by: Lita Foliaki (Pacific Health Gain Manager)
Endorsed by: Debbie Holdsworth (Director of Funding) and Simon Bowen (Director of Health Outcomes)

Glossary

ADHB	-	Auckland District Health Board
AH+	-	Alliance Health Plus Primary Health Organisation
Aiga Challenge	-	Enua Ola and HVAZ weight loss competition
ARPHS	-	Auckland Regional Public Health Service
CMDHB	-	Counties Manukau District Health Board
CPHAC	-	Community and Public Health Advisory Committee
CSS	-	Catholic Social Services
DHB	-	District Health Board
ECE	-	Early Childhood Education
Fanau	-	extended family
Enua Ola	-	WDHB Pacific health promotion programme
HBHF	-	Healthy Babies Healthy Futures
HEHA	-	Healthy Eating and Healthy Action (Labour Government obesity Prevention strategy)
HVAZ	-	Healthy Village Action Zones, ADHB's Pacific health promotion programme
IY	-	Incredible Years parenting education programme
MSD	-	Ministry of Social Development
NZIS	-	NZ Institute of Sport
NZQA	-	NZ Qualifications Authority
PCN	-	Parish Community Nurse
PHO	-	Primary Health Organisation
PHAP	-	Pacific Health Action Plan 2013 – 2016
RBA	-	Results Based Accountability
SME	-	self-management education
TEC	-	Tertiary Education Commission
the Plan	-	Pacific Health Action Plan 2013 – 2016
TRC	-	Tamaki Regeneration Company
WDHB	-	Waitemata District Health Board
WERO	-	group quit smoke competition

1. Executive Summary

This report updates CPHAC on the significant progress made on the implementation of the Pacific Health Action Plan 2013 – 2016 (the Plan) in Q1 and Q2 of the current financial year. It also provides information on other projects that are not directly stated in the Plan but do contribute to achieving the objectives of the Plan.

Good progress has been made in the implementation of five of the six priorities of the Plan, with progress having been slow on implementing the sixth priority which is about Pacific families living in warm and adequate housing.

Two main projects are central to the further development of models of care that may be more effective in responding to the health and other needs of Pacific low income families and communities. These are the Integrated Services *Fanau Ola* contract that ADHB has with AH+ and the review of the HVAZ and *Enua Ola* programmes.

The current *Fanau Ola* contract with AH+ stipulates that its providers work with 585 families within a 12 month period. In the first six months of the service, two of AH+'s three providers have reached their annual target and the third provider has 50% of the target family number enrolled. The top three issues this service responds to are: breast feeding, family violence and depression. 66% of the families are Tongan.

AH+ can identify the number of service hours of input into individuals and families and they are working to provide us with that information.

The multiple issues that the providers are identifying within families suggest that a service that responds to the needs of family members sharing a household can be more effective both in treatment in the short term and in prevention in the long term.

The key risks are that both the number of families/households needing the *fanau* approach and the required input into those families is more than we currently fund for.

The other key project is the review of the HVAZ and Enua Ola programmes which is not yet complete. To date, of the 68 respondents (health committee members);

- over half responded the funding is not adequate for what they are expected to deliver
- half responded that it costs them personally to be a health committee member
- two thirds responded they need more support to enable them to function better as health committee members
- all said that they benefit personally from being health committee members (in terms of their own health and personal development)
- 88% are happy with the support they get from their providers (West Fono Health Trust, Pacific Integrated Healthcare, AH+, Procare and Tongan Health Society).

2. Introduction

This report provides an update on the progress of the implementation of the Pacific Health Action Plan 2013 – 2016 since the last report provided in July 2015.

The Vision of the Pacific Health Action Plan 2013 - 2016 is that:

"Pacific families live longer and healthier lives."

The Plan has six priorities and they are that:

- Pacific children are safe and well and that families are free of violence
- Pacific people are smoke free
- Pacific people eat well and stay active
- Pacific people seek medical and other help early
- Pacific people use hospital services when needed
- Pacific people live in warm houses that are not overcrowded

3. Progress to date

Table 3.1 identifies the actions that were required by the plan in relation to Priority 1, and progress on their implementation in Q1 and Q2 of the 2015/16 financial year:

Table 3.1

	Priority 1 – That children are safe and well and that families are free of violence	
	Action	**Implementation 2015-2016 Q1 and Q2**
3.1.1	Deliver the maternal and infant nutrition and physical activity programme – *Healthy Babies and Healthy Futures (HBHF)*	**On track** - A six module programme has been developed and is being delivered by West Fono Health Trust, AH+ PHO and Procare. This programme takes a more behaviour change focus. In the 2014/15 year, sixty one-off workshops were delivered and that was basically an awareness raising activity. The text messaging component of the programme has continued and there is a high uptake of text messaging. **Challenges** It has been difficult to recruit Pacific pregnant women to participate in the 6 module workshops. Experience suggests that women respond only to an invitation from a person that they already have an existing face-to-face relationship with. Women invited through a phone call accept the invitation but do not turn up to workshops. HBHF is asking midwives to introduce mothers to the programme. If this doesn't work, we will explore the option of the co-ordinator meeting the women when they turn up in hospital for their check-up appointments to establish a face-to-face relationship and then provide an invitation to the programme.
3.1.2	Trial the Pacific pregnancy and parenting education programme TAPUAKI with the maternity services at Waitemata	**Completed** - The Pacific pregnancy and parenting education programme TAPUAKI pilot was successfully trialled.

	DHB	
3.1.3	Explore expansion of TAPUAKI programme to Waitemata and Auckland DHB maternity services	**On track** - the new pregnancy and parenting education service comes into effect as of 1 April 2016.
3.1.4	Review maternity and child health services provided by Alliance Health + and link to Auckland DHB maternity services	**Progressing** – links between AH+ and Auckland High Risk Pregnancy Clinic continue to improve but the number of women that the AH+ may be able to accept is constrained by funding. (Refer to Sec 3.7.1)
3.1.5	Waitemata DHB to develop a community education programme for children, for dental health and asthma	**On track** • Pictorial Asthma Medication Plan is available. • A Pacific Dental Health Strategy is being developed. • Focus groups involving young parents and grandparents will be undertaken • A community education programme is likely to be developed and we will add this to the other child-focus related programmes that are being delivered in the community such as the parenting programme, *Healthy Babies and Healthy Futures* and the implementation of the childhood obesity plan.
3.1.6	Explore resources for delivery of programme for children on dental health in conjunction with other child health related programmes	**On track** as above
3.1.7	Find resources to implement *the Incredible Years* parenting programme through HVAZ and Enua Ola churches / communities if appropriate	**On track** There is funding available to implement four *Incredible Years* parenting programmes in the Waitemata district and two in the Auckland central area. Two programmes have been completed, and four will start in March. The delivery of the programmes are on schedule.
3.1.8	*Living Without Violence* Programme	*Living without Violence* **On Track** The *Living Without Violence* programme is a 6-week primary prevention programme. Its development is overseen by an advisory group that includes six members from the HVAZ/Enua Ola community, Catholic Social Services and DHB personnel. Nine programmes were scheduled to be piloted across Auckland and Waitemata districts in the current financial year. Two programmes are currently being delivered. Two are scheduled to start in March, two in April and the remaining

		three programmes in May. Potentially not all of these programmes will be delivered by the end of this financial year. Translation of course materials into Pacific languages and the development of the skills of Pacific community and church leaders to be confident and competent in facilitating the delivery of the programme has taken longer than expected. Ongoing learnings from the current two programmes are being fed back to the Advisory Committee. Catholic Social Services will support the groups that are as yet to deliver their programmes in the actual delivery of their modules if they are requested to do so. Two more "train-the-trainer" workshops for facilitators will be held. This is being funded by the Catholic Social Services through a grant from the Todd Foundation.
3.1.9	Establish working relationship with Ministry of Social Development (MSD) to identify current work being undertaken to support violence free families	**On track** - Relationship with MSD is on-going. MSD has recently tendered out services for addressing family violence in Pacific families. The service for West Auckland has been won by West Auckland Health Fono and the service for Auckland is being negotiated with the Tongan Health Society. The services are "treatment" services for those who have been identified as victims of violence.
3.1.10	Establish links to MSD's Proud Pasefika Campaign	**On track** - There is an established relationship with MSD. They informed us that they recently put out a tender for a training provider for their Pacific family violence prevention programme based on a Pacific conceptual frame work that they had developed known as "Nga Vaka". When the successful provider is decided, we will explore the establishment of a forum where Pacific providers responding to family violence are brought together by MSD and Auckland and Waitemata DHBs for the purposes of aligning and improving the effectiveness of the interventions.
3.1.11	Participate in the inter-sectoral forums that focus on violent free family programmes	**On track** - the Pacific Health Team continues to participate in the following inter-sectorial forums • Auckland Family Violence Project Board: This forum is made up of programme managers from Police, MSD, CYF, WDHB, ADHB, Corrections and Ministry of Justice • Auckland Multi-Sector Family Violence Action Plan: A regional Primary Family Violence Strategic Framework was developed by central Auckland City Council together with government agencies and NGOs to address regional family violence issues • HEART: Health Relationship in Tamaki • Safer Auckland Families through Intervention

		Network • Waitakere Family Violence Free Network
3.1.12	Link HVAZ and Enua Ola churches/communities to violence free family programmes	**Achieved -** Established ADHB/WDHB Pacific Family Violence Advisory Committee in partnership with church ministers, Catholic Social Services (CSS) and community leaders from Enua Ola/HVAZ. At the last meeting of the Advisory Committee (22/2/16), the Catholic Social Services reported that they had successfully made an application to the Todd Foundation for further funding to assist with the delivery of the *Living Without Violence* programme. Specifically, two more training workshops for programme facilitators will be held funded by the Todd Foundation grant. The Catholic Social Services are also looking for funding to develop a manual for the programme including the costs of translating the manual into Pacific languages.
3.1.13	Establish relationship with Early Childhood Education (ECE) to explore areas of collaboration	O**ngoing** - Two meetings were held in 2015, with little progress made with the ECE sector. However the oral health review and the Pacific oral health strategy currently being developed will most probably identify a stronger link with Pacific early childhood education centres as well as those ECEs with high numbers of Pacific children. This will be a specific project that we could work together on.
3.1.14	Participate in the network of senior Pacific managers to help-inter-sectorial collaboration	**Off-track** -The network has not made any progress in the last quarter. It did not reach agreement as to common projects to work on and participants, including ourselves, did not feel that this was a good investment of time. It has been more productive to work with specific agencies around specific projects such as MSD and the Tamaki Regeneration Company.

Table 3.2 identifies the actions that were required by the plan in relation to Priority 2, and progress on their implementation in Q1 and Q2 of the 2015/16 financial year:

Table 3.2

	Priority 2 – That we are smoke free	
	Action	**Implementation Q1 & Q2 2015 - 2016**
3.2.1	Continue to fund the Pacific Quit Smoke Service	The Ministry of Health re-tendered all of its smoking cessation services and awarded new contracts for new services to be operational by 1 July 2016. ARPHS, who provides the Pacific Quit Smoke Service, in consultation with ADHB/WDHB Pacific Team decided not to respond to the current Ministry ROI/RFP process. It was always the intention a specific Pacific smoking cessation service would be provided by a NGO or primary care provider in the longer term. A transition plan for clients and staff has been developed. In relation to smoking during pregnancy, the Pacific team has actively participated with the primary care team in the design of specific pregnancy smoke-free services.
3.2.2	Support quit smoking competitions each year with the WERO competition	**Ongoing** - We had received feedback form churches / communities that the requirements of the current WERO smoke free competitions do not suit them and they have made suggestions as to how the rules of the competition be changed. As a result a specific WERO competition for Pacific groups is being developed.
3.2.3	DHBs will work with other agencies eg WINZ to see what more can be done to refer people to smoking cessation services	**Ongoing** - This work was led by ARPHS and was being done as part of Smokefree Together, a contract with Counties Manukau DHB and the Ministry of Health. This contract ended in October 2015. ARPHS is continuing its support to MSD, but the work has slowed down with the reduced resourcing.
3.2.4	All HVAZ and Enua Ola church halls and grounds to be smoke free	**On track** - in relation to smoke-free activities in the HVAZ and Enua Ola churches/communities, all are required by our current contract to be smoke-free, both halls and grounds, by 30 June 2016. In order to support churches who are not yet, a specific smoke-free plan has been developed and is being implemented. The plan specifies that: • more smoke-free education workshops will be delivered • working groups are being established to identify more effective ways of engagement with Cook Island women and with Tongan men, who have the highest smoking rates amongst Pacific people.

Table 3.3 identifies the actions that were required by the plan in relation to Priority 3, and progress on their implementation in Q1 and Q2 of the current financial year

Table 3.3

	Priority 3 – That we eat well and stay active	
	Action	**Implementation Q1 & Q2 2015 - 2016**
3.3.1	Continue to fund Enua Ola and HVAZ programmes	**Achieved** - Waitemata DHB contracts with West Fono Health Trust who then subcontracts with 25 churches and groups in West Auckland and also contracts with Pacific Integrated Health who subcontracts with 12 churches and groups on the North Shore to implement the Enua Ola programme. Auckland DHB contracts with Procare to implement the HVAZ programme in 14 churches and also contracts with Alliance Health+ to implement the HVAZ programme in 28 churches.
3.3.2	Work with other organisations to promote healthy lifestyle	**Ongoing**- Pacific Heartbeat, the Pacific Team within the National Heart Foundation provides the nutrition training for church and community participants. The Ministry funds the programmes with participants only paying $10 for a one-day of training. Very few people are able to participate in the 9 day Certificate of Pacific Nutrition Course run by AUT and Pacific Heartbeat. When the HEHA strategy was in place, Pacific people who did the course were remunerated for loss of wages for the 9 days. This was funded out of the workforce development component of the strategy which is no longer available. The nutrition training currently being provided is not adequate, in terms of frequency, content, methodology and delivery mechanisms. In relation to the focus on childhood obesity, Pacific Heartbeat has agreed to focus the training that they provide for communities on nutrition for children. **Physical Activity Training** Training physical activity instructors is a growing need in churches and communities. In January 2016, NZ Sport Institute (NZIS) commenced training 21 people to achieve a NZQA Level 2 Certificate in Sport and Recreation training. The Tertiary Education Commission (TEC), NZIS's funder, has since terminated the funding as the people doing the training did not meet funding criteria. NZIS is continuing to negotiate with TEC and will inform us on options for the future. We are continuing to look for other training opportunities including *Skills Active* to provide participants with a recognised qualification.

		Programme Management Skills for HVAZ / Enua Ola Health Committees We have met with Foundation North (formerly ASB Community Trust) to seek opportunities for funding leadership and project management courses for HVAZ/Enua Ola health committees are in progress. Foundation North will not fund DHBs and PHOs, however, they can work with health providers and communities. This option is being explored with the Pacific health providers. Foundation North is happy to talk further with the DHBs about the option of co-delivering the leadership courses/workshops for the health committees. They can deliver workshops to help communities apply for funding as well.
	Collaborate with PHOs to implement annual weight loss competitions	**On track** - Initial meetings with the 93 Aiga Challenge participants who maintained weight loss over the three years of the Aiga (weight loss) Challenge has started. We aim to survey them to identify the changes they made resulting in their maintenance of weight loss, the challenges they experienced and how they dealt with these and their motivation for making the changes. The results of this survey will be shared by PHOs, health providers and the community and will inform further Aiga Challenges. The successful participants of the Aiga Challenge will also be asked whether they will be interested in being mentors to families or individuals who wish to lose weight. If some of them do, we will work on developing a programme to support them to be effective mentors.
3.3.4	Develop and implement a Pacific Wellness at Work programme for Pacific employees at WDHB and ADHB	**Achieved** - A draft Plan has been developed but it is being reviewed. A number of “wellness” activities were held in Q1 and Q2 including a “wellness” workshop delivered by a Pacific psychotherapist who suggested a framework of assessing personal wellness that includes relationships, reflection/prayer, continuous learning, exercise, diet and sleep. The workshop was very much enjoyed by the 25 participants. Further workshops have been requested and will be subject to availability of funding.

Table 3.4 identifies the actions that were required by the PHAP in relation to Priority 4 of the Plan and the progress on their implementation in Q1 and Q2 of the current financial year.

Table 3.4

	Priority 4 – That we seek medical and other help early	
	Action	**Implementation 2014-2015**
3.4.1	ADHB to continue to fund parish community nurses	**Continuing**
3.4.2	WDHB to explore option of funding community parish nurses as part of the Enua Ola programme	**Achieved** - Three parish community nurses are now in place, two working with West Fono Health Trust in West Auckland and one with Pacific Integrated Healthcare on the North Shore. A working group oversees the implementation of this service and includes: two people from the Enua Ola church/communities, the Waitemata DHB's Pacific Nursing Director, the nurses and their managers and WDHB Pacific Planning and Funding personnel. The nurses undertake individual health checks, make referrals for further follow-up by other health professionals, undertake health education at both individual and group levels and assist churches to develop their own health plan. West Fono parish community nurses undertook 500 health checks with members of Enua Ola churches /groups in Q1 and Q2 2015/16 financial year. 112 people were referred on to their GPs and for breast, cervical and bowel screening. All but one of the churches / groups now have a health plan. The scope of practice for parish community nursing is currently being drafted for approval through the appropriate channels. As of April this year, the three parish community nurses would have had 12 months of working with churches and community. We have agreed that we will review the service in May/June 2016.
3.4.3	WDHB child health specialists services work with West Fono to identify and respond to the needs of families whose children DNA appointments	**Achieved** - Paediatrician, Dr Meia Uili-Schmidt delivers clinics at West Fono once a month. The clinic is much needed and the Fono can host more clinics.
3.4.4	Explore the development of community based education programme to address child health issues especially the need to seek medical help	This objective is intended to address preventable admission to hospital for conditions such as respiratory illnesses, cellulitis, and other primary care preventable conditions. This has not been progressed but it is an area which could well be undertaken by the parish community nurses. This will

	early	be explored within the service which will start in May/June 2016. Our current focus is the development and implementation of a Pacific oral health plan.
3.4.5	WDHB child health services will reconfigure service delivery mechanisms if required	This is ongoing work and may involve holding more outpatient clinics in primary care or community settings, as is being trialled at The Fono. However, the Fono cannot take on any more services in its current premises.
3.4.6	Actively participate in the work of the Northern Regional Diabetes Network and in the development of service delivery models	**Ongoing**
3.4.7	Explore mechanisms to improve compliance with diabetes and CVD medication	The self-management education sessions for people with chronic conditions including those with diabetes appears to be effective in improving compliance with medication and improving clinical indicators.
3.4.8	Adopt a model that responds to the issues experienced by Pacific people with diabetes	**Achieved** - the church exercise and nutrition programme, the weight loss competitions, the diabetes self-management education workshops, the parish community nursing are all necessary components of a model that is suitable for Pacific diabetic patients.
3.4.9	Run 10 self- management education/diabetes self-management education groups	**On track** - HVAZ and Enua Ola working towards completing 10 SME/DSME workshops each by the end of this financial year.
3.4.10	Translate Stanford University Self-Management Education Manual into Tongan and Samoan	**Completed**
3.4.11	Implement SME in Tongan and Samoan languages	**Completed**

Priority 3.5 - We Use Hospital Services when needed
The General Manager Pacific Health Services reports on this Priority to the Hospital Advisory Committee

Priority 3.6 - Pacific people live in warm houses that are not overcrowded

We maintain a relationship with Ministry of Business, Innovation and Employment. MBIE is trying to do geo-spatial imaging of what the Pacific owned land asset is, to better understand what Pacific communities' collective wealth and potential collective impact might be in the future. We facilitate meetings between MBIE and Pacific church and community leaders when requested.

We have had meetings with Tamaki Regeneration Company (TRC) to explore establishing effective connections between Pacific health providers in the area and TRC. More work will be done in this area. We also wanted to know whether they have strong connections to the Pacific communities. They said that their connection to the Tongan community could be stronger so we will assist them to better engage with Tongan church and community leaders in the area.

3.7 Special Projects

3.7.1 Integrated *Fanau Ola* Service

In the last 18 months, we have worked with AH+ to integrate former stand-alone contracts into one integrated service contract. The contracts were combined to allow a holistic response to the health and other needs of family members who share a household.

The integrated *Fanau Ola* service starts with the identification and response to the health need of an individual (a pregnant mother, a sick child, a person with unmanaged diabetes, a father who has a stroke), followed by a needs assessment of that individual's family (defined as those living in the same household), followed by a plan of response to those needs, developed by the family and the *Fanau Ola* worker and then the Fanau Ola worker and family implements the plan in a period of 12 months. The implementation of the family plan requires the delivery of a "package of care", some of it delivered by the AH+ providers and some of it by other non-health providers, but the *Fanau Ola* worker is responsible for referrals and ensuring that the family do receive the service. The outcomes of the *Fanau Ola* service are defined as the achievement of the *Fanau* Plan in terms of its objectives and activities.

Three main activities were undertaken by AH+ to assist its provider's staff to understand and adopt this approach: use of a contract relationship management (CRM) IT system, staff training in its use as well as training in the Results Based Accountability (RBA) framework.

The RBA Framework asks four main questions

i. What did we do?
ii. How much did we do?
iii. How well did we do it?
iv. Is anyone better off?

The CRM system collects 'real time' data and is able to break down the time taken for each intervention per individual and for a family, as well as travel time separately, if the intervention takes place in the home.

This is essential in not only answering the question "what did we do" but also "how much did we do".

One of the challenges in this contract is the change from an input/FTE pricing to pricing for outcomes. At the end of six months, we can answer the questions, how many family units and individuals were seen and what was done for/ with them. Further analysis is being done to identify the number of hours that were spend with each individual/family, so the 'how much did we do" question can be answered. The question "how well did we do" which is related to the question "is anyone better off" can be answered to some extent but not yet.

The contract requires AH+ to work with 585 families in a 12 month period.

After six months of delivering integrated services, the annual target number of families to be enrolled has already been reached by two of the three subcontracted providers. The third provider has 50% of the target family number enrolled.

The CRM system identifies the activities that make up the intervention for each family and in total. When an infant/child is the primary client, the top three issues that the service responds to are breast feeding, family violence and depression.

Risks
When AH+ agreed to the integrated services contract that we currently have, there was a common understanding with ADHB (Pacific Team) that the information that we require to allow for a properly funded outcome based contract was not available. We agreed that we will review the pricing of the contract as their CRM IT system generates the data that we require to refine the price. At the six-month point, the number of families/individuals that need the integrated response is more than the current numbers that we fund for. In terms of number of families alone, if AH+ and its providers do not stop taking on client families, they will be underfunded.

We are not at the point of identifying the number of hours of service that is going into each family yet, but the CRM system is able to identify this, and we will have the data by the end this month. We then have to link input into outputs and we may be in a position to begin to understand what the real price of this service model may be. To link outputs to outcomes, within a 12 month period may continue to be challenging, but we will be better informed than we are now and we can better assess the challenges in making that linkage.

In accepting a *fanau*/family needs approach, the service is responding to needs outside health in its narrower meaning. It is necessary that ADHB work with MSD, and Housing NZ to move towards inter-sectoral integrated contracting. This contract with AH+ may provide information/data to inform that.

3.7.2 HVAZ/Enua Ola Review
In our last six month report to CPHAC, we said that we would review the capability and capacity of church and community health committees to organise for the implementation of the many components that are now being offered as part of the Enua Ola and HVAZ programmes. We have almost completed the review and some of the key findings so far, from 68 respondents are:

To the question as to whether the $5,000 grant that they currently have for implementing physical activity, nutrition and smoke free policies and activities is adequate or not

- 52% said funding is insufficient
- 32% said it is sufficient
- 16% did not respond

To the question of whether being a member of the health committee costs them financially

- 44% said no
- 50% said yes
- 4% did not respond

To the question of whether they are spending too much time on their health committee activities

- 54% they are not spending too much time on the programme

- 38% said sometimes they do
- 7% said they do spend too much time

To the question of whether they need support as health committee members

- 67% said they need support
- 23% said no
- 10% did not respond

A Review Advisory Group has been established, consisting of six community members from the Enua Ola and HVAZ churches / groups and members of the ADHB/WDHB Planning and Funding Pacific Team. The results of the review are fed back to them.

At its most recent meeting, the community members of the Advisory Group agreed that all work done for churches will continue to be done on a voluntary capacity by committee health members but that they should not incur costs.

The review will be completed by end of March and the findings will be presented to the Directors of Funding and Health Outcomes for their consideration.

The Advisory Group also requested Rev Featuna'i Liuaana to write a short discussion paper to define the relationship between churches. This paper is being consulted on and will be part of the final review report.

3.8 Refresh of the current Pacific Health Action Plan 2013 - 2016

The current Pacific Health Action Plan ends on 30th June 2016. Its six priorities and their on-going implementation remain relevant. It is still important that we consult churches / communities before we formally refresh the Plan. We intend to do this in April 2016 and at the same time provide feedback from the review of the HVAZ/Enua Ola programmes.

4. Conclusion

The Pacific Health Action Plan was developed as a partnership between ADHB/WDHB and the Pacific community as represented by churches and groups that participate in the HVAZ and Enua Ola programmes. Considerable progress has been made in the implementation of the six priorities, with the least progress made in relation to the sixth priority which is about responding to the housing needs of Pacific people. However, because of the growing relationship that we have with the Tamaki Regeneration Company, we think it is worthwhile that we continue to work in this area and that we maintain our connection with MBIE.

The *Fanau Ola* Integrated Services contract that ADHB has with AH+ is providing important data about a service model that we think is an appropriate response to the multiple health and social service needs of Pacific low income families and perhaps other low income families as well. A trusting relationship between AH+ and ADHB has allowed AH+ to agree to a contract where data required for proper pricing was not available and where the risk is with AH+ and its providers.

The review of the HVAZ/Enua programmes has produced important information about the current capability and capacity of churches and community groups to implement the programme under the current funding arrangements.

Serious health issues continue to face Pacific people. The model of the partnership between the community/churches, Pacific providers, PHOs and the DHBs is an important part of the response to the problem. It is also clear is that the DHBs need to work towards integrated contracting with other government agencies specifically with MSD and Housing NZ.

4.2 ADHB Child and Youth Mental Health and Addiction Direction 2013 - 2023 Update – Look Up 2015 and 2016

Recommendation:

That the Community and Public Health Advisory Committee celebrate the success of Look Up 2015 and support the organisation and running of Look Up 2016.

Prepared by: Hilary Carlile (Project Manager), Tim Wood (Chair of Child and Youth MH&A Direction Implementation Governance Group, Acting Funding and Development Manager Mental Health and Addictions)
Endorsed by: The ADHB Child and Youth Mental Health and Addictions Direction Implementation Governance Group

Glossary

CPHAC	-	Community and Public Health Advisory Committee
DHB	-	District Health Board
ELT	-	Executive Leadership Team
NPO	-	Not for Profit
SMT	-	Senior Management Team
WHO	-	World Health Organisation
PHO	-	Primary Health Organisation

1. Executive Summary

Auckland youth are challenging those working with them to explore innovative ways to wellbeing when life gets tough by using technology, creative arts and service innovation.

We took up the challenge and created an event - Look Up 2015 to meet their challenge.

The focus of this event was inspiring innovative ways to youth mental wellbeing. 120 people attended including 45 students from seven schools. Participation was the key, looking at innovative ways of working creatively, with technology and service innovation.

ACC partnered with us to fund the impactful creative intervention on Sensitive Claims - Sexual abuse. Both ACC and Youthline had psychologists there to support attendees as required.

Feedback was overall good with strong support for Look Up 2016. The proposed focus for Look Up 2016 is Alcohol and Drugs.

This paper recommends the Community and Public Health Advisory Committee (CPHAC) celebrate the success of Look Up 2015 and support the organisation and running of Look Up 2016.

2. Introduction

2.1 Look Up 2015 – it's a success!

Look Up 2015 was an idea that developed into a successful one day event held on 16th October 2015 at Te Oro in Glen Innes.

The intention of Look Up was to create the opportunity to explore and be inspired by different ways of working with young people to address their mental wellbeing. To do this we created an event that was participatory and where young people and those providing services to young people could learn and explore alongside each other. It was for both groups. We focussed on three areas of innovation – creativity, technology and service innovation.

Our young people guided us through development of our website and social media presence. The development of our website was donated through an Impact NPO Meetup weekend (where IT specialists donate their time free to NPO). The videos from the event are on the website www.lookup.org.nz and our Look Up Facebook page.

Look Up 2015 Registration at Te Oro – wellbeing passports

Supporting attendees – water and fresh apples

The welcome

No event is complete without feedback

2.2 Creativity Zone

Toi Ora Express Yourself team provided a variety of creative ways to express yourself – from "what makes you happy" cards to the Our World Wellbeing Collage. Most popular were the drumming and spoken word workshops. The photographs showed the increase in confidence of young people as they expressed themselves through both medium.

Drumming - the favourite

Wellbeing collage

Spoken Word – equal favourite

Our Kaumatua and whaea

What makes me happy wall

2.3 Tech Explore Zone

There are a plethora of technology apps to support young people. We chose a selection:

- Be. Intent - Youth Wellbeing,
- Youthline – Go Forward
- The Lowdown
- Common Ground
- Odyssey Amplify Video Gallery
- Sparx – CBT course with a games framework

Tech Explore Zone

Be Intent Wellbeing Wall being created

2.4 Service Innovation Zone

Our providers rose to the challenge of making this participatory. There was definitely a buzz as people tried different things – found a coping tip for themselves, drew on the monkey or built their brick expressing how they were feeling now or participated in POD. Our providers were:

- REAL – Youth Peer support
- Big White Wall – online peer support
- Odyssey AOD Pathway – what do you want from each step of a service
- Enhanced School Based Services – coping tips

- Affinity Youth Advisory Group – Mental Health Foundation – POD – Point of Difference – Social Innovation

Would you like to write on the monkey? **Gathering feedback on what young people want from services**

2.5 Creative Intervention

The Legacy team performing **ACC support team**

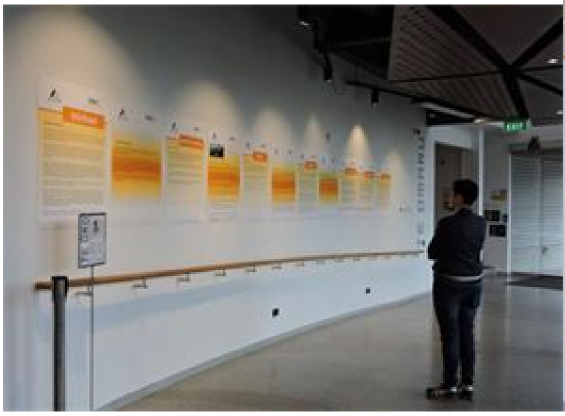
2.6 Hall of Inspiration

The Hall of Inspiration celebrated young people, their journey through mental health and addiction challenges and their contribution to others. We had 17 participants – it was hard to choose a short list let alone a winner. The judges, Ladi6, Pita Alitine and Tiki Taane, had a hard job. All were generous with their time and we thank them.

All participants were celebrated and had their story told on the day in our Hall of Inspiration wall.

Our winner is: Sam Barber

From her participation here she was offered a youth advisor contract with Pathways



Celebrating our participants

2.7 Project Team

The event was designed and pulled together by a project team which included young people, NGOs, Primary Care, and WDHB/ADHB Planning and Funding who also provided the Project Manager.

The team were:
Hilary Carlile (Project Manager, ADHB/ WDHB Planning and Funding), Michelle Atkinson (Affinity Consumer Leader – ADHB), Paul Ingle (Wise Group), Kieran Moorhead (Changing Minds), Amber Walls (Toi Ora) , Ross Phillips (Pathways), Johnny O’Connell (Tamaki Project, ProCare), Janette Seale (Toi Ora), Karl Bailey (CAYAD, Auckland Council), Saskia van Well (AUT PR and Communications student), Loukas Stsisti (AUT PR and Communications student), Manu Fotu (WDHB/ ADHB Planning and Funding) , Mocha Campbell (AUT PR and Communications student) and Theresa Rongonui (WDHB/ ADHB Planning and Funding)

2.8 Who made it happen?

Look Up 2015 was put on with a minimal budget and would not have happened without the generous donation of funding, product and people’s time. We would like to acknowledge and honour their contribution.

Financial partners	$
ADHB	10,000
Procare	2,500
Pathways	2,500
St Johns Rotary	750
Parnell Rotary	500
YSALT	5,000
ACC – creative intervention	
Total	**$21, 250.00**

Pre Event and Event Partners - donated time	Product donated
Toi Ora – Express Yourself	Pacific Health - lunch
Changing Minds	Sparx – morning tea
ProCare	Auckland Transport – rail passes
Pathways	Seememedia – movie tickets
Wise group	h2go – bottled water
ADHB/ WDHB P&F, ADHB Communications – Sally Bruce, Ubix	Cadbury's chocolate and Yummy apples
AUT PR and Communications students for communications strategy and PR opportunities	
Meetup NPO – development of website	
Pricilla and Liann – phase 2 development of website	

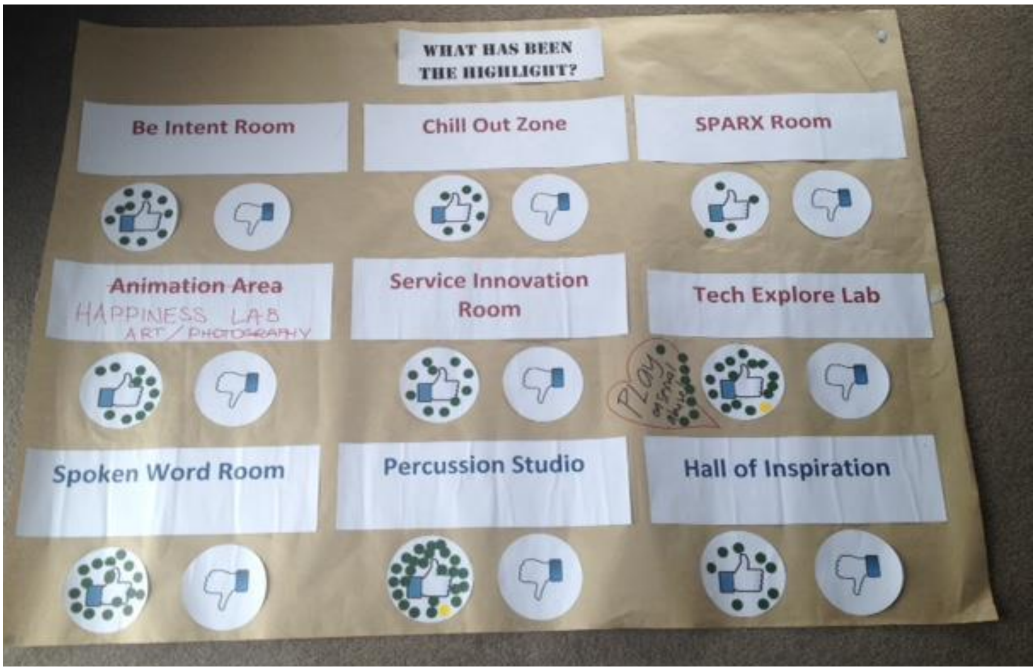
Event	Hall of Inspiration Panel
Sparx	Pita Alatini
Be. Intent	Ladi6
Health Promotion Agency – The Lowdown	Tiki Taane
Affinity Youth Advisory Group	
REAL	
Big White Wall	
Enhanced School Based services	
Youthline	
Odyssey	
Loukas Stsitsi and Su Hillary - photography	
4pi – Event Management	

3. Look Up 2015 Outcomes

Feedback from the event was:
Student groups went back to their school and reported back to either their year or the school what they learnt from Look Up and their favourite activity – many chose drumming. The other key student feedback was that it was great that the event was participatory and not a series of lectures.

The black dots in the picture below show the most popular parts of the event – drumming, spoken word and tech explore. Attendees were also asked if they had any bright ideas for future Look Up events. The following ideas were offered:

- More opportunities for professional networking
- Maybe come together more often (the group)
- Drumming, dance and singing 45 minute sessions
- Facilitated conversation about particular topics
- Intro to Lifehack
- More interactive activities
- Separate the drumming (brilliant but noisy)
- More online stuff
- Drama workshop
- More young people and bigger venue



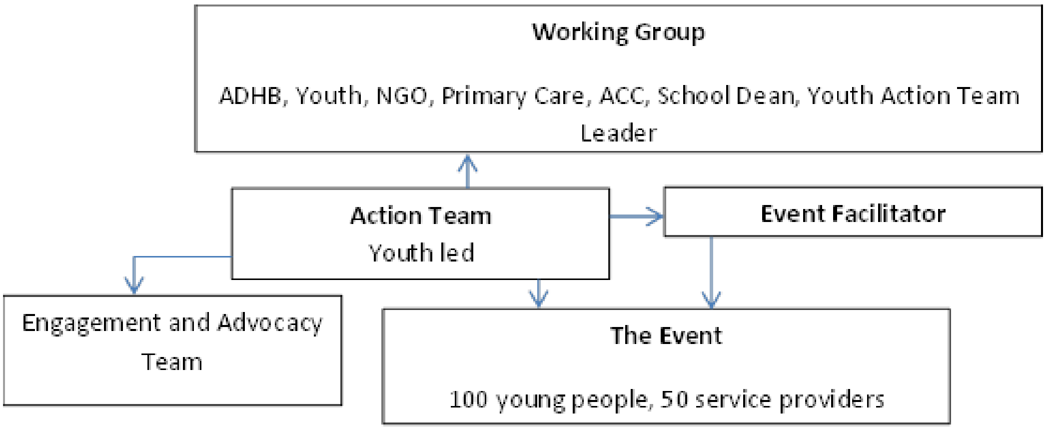
Legacy have performed their creative intervention to a number of groups for ACC.

Our Hall of Inspiration winner was offered a youth advisor contract as a result of her participation in Look Up. She was also a volunteer for the day.

4. Look Up 2016 Youth Innovation Forum

Look Up 2016
The intention is that Look Up 2015 will not be a one off event. The first year was about getting the formula right. We have learnt much from this event and are keen to incorporate the above feedback.

In moving forward we will establish a more sustainable structure with our partner organisations to guide the development of Look Up and to mentor the Youth Team Leader and the Action Team. We are proposing the following structure:



Our focus for Look Up 2016 will be innovative ways to support young people to Alcohol and Drugs wellbeing - a key issue for young people and those working with them. There is no shortage of services in this area it will be important to find those ways that young people relate to and find innovative.

Particular effort will be made on better engagement with schools and other groups of young people both before the event and afterwards to ensure they retain value from attending.

There are a number of organisations working in this space with schools and in the community so we propose to have a multiagency forum in the afternoon of the event where we can collectively understand what is available and how to work together.

We recommend that CPHAC support Look Up so that we can build a more sustainable and robust annual event.

5.1 Primary Care Update Quarter 2, 2015/16

Recommendation

That the report be received.

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Endorsed by: Dr Debbie Holdsworth (Director Funding, Waitemata and Auckland DHBs)

Glossary

ATD	-	Access To Diagnostics
A&M	-	Accident and Medical
ARRC	-	Age Related Residential Care
ALT	-	Alliance Leadership Team
CADS	-	Community Alcohol and Drugs Services
CPSA	-	Community Pharmacist Services Agreement
CME	-	Continuing Medical Education
CNE	-	Continuing Nursing Education
CPAM	-	Community Pharmacy Anticoagulation Management
DAR	-	Diabetes Annual Review
DSLA	-	Diabetes Service Level Alliance
DSME	-	Diabetes Self Management Education
DHB	-	District Health Board
FTE	-	Full Time Equivalent
IPIF	-	Integrated Performance Incentive Network
MUR	-	Medicine Use Reviews
MACGF	-	Metro Auckland Clinical Governance Forum
MoH	-	Ministry of Health
NHT	-	National Health Target
NGO	-	Non-governmental organisation
NZCMN	-	New Zealand College of Mental Health Nurses
PHO	-	Primary Health Organisation
POAC	-	Primary Options for Acute Care
SMOOTH	-	Safer Medication Outcomes on Transfer Home
SMO	-	Senior Medical Officer
VDR	-	Virtual Diabetes Register

Summary

This report provides an update on specific primary care activities across the Auckland and Waitemata District Health Boards (DHBs) which have shown variance during the second quarter (Q2) of the 2015/16 financial year. The report is presented under the following headings:

- Primary Care Highlight (Q2), 2015/16 Annual Plan
- National Health Targets (NHT)

- Integrated Performance Incentive Framework (IPIF) – the five transitional measures
- Exception reporting and highlights against the 2015/16 Annual Plan deliverables.

1. Primary Care Highlight (Q2), 2015/16 Annual Plan

1.1 Metro Auckland Regional Stakeholders Forum on Integrated Pharmacist Services in the Community

Metro Auckland District Health Boards (Auckland, Waitemata and Counties Manukau Health) and the Ministry of Health's Pharmacy Programme Team hosted a local stakeholder forum on 'Integrated Pharmacists' Services in the Community' on 11th February 2016. This was one of similar local pharmacy forums held across New Zealand during February 2016. The purpose of each local forum is to support the collective engagement process that will feed into strategic development and service structure of the next Community Pharmacist Services Agreement (CPSA).

The Metro Auckland forum enabled engagement with a broad range of stakeholders and captured their views about the future landscape of pharmacists' services in the community over the next five to ten years. Approximately 60 stakeholders attended, including consumers, pharmacists, general practitioners, Primary Health Organisations (PHOs), Non-Government Organisations (NGOs), Age Related Residential Care (ARRC) representatives and other primary care providers such as the Community Alcohol and Drugs Services (CADS).

The forum consisted of brief scene-setting presentations and collaborative brainstorming sessions to enable the development of future pharmacist services. Auckland DHB Chief Executive Ailsa Claire opened the forum by acknowledging the various innovations and services that are delivered regionally by community pharmacists such as Long Term Conditions Service, Community Pharmacy Anticoagulation Management (CPAM) Service, Medicine Use Reviews (MUR) Service, Free under 13 prescriptions, Safer Medication Outcomes on Transfer Home project (SMOOTH), clinical pharmacist services to aged-related residential care facilities and PHOs, Community Pharmacy Quit Smoking Service and community pharmacy-based gout management service; and emphasised that the health sector needs to think more broadly about integration and how it can provide patient-centric services.

The opening address was followed by two keynote addresses, one from a consumer perspective and the other from a pharmacist who is well known for delivering integrated services in the community. Both keynote speakers acknowledged the important role of community pharmacy in the delivery of healthcare services to the population, and highlighted that pharmacists need to promote their services and themselves as medicine management experts.

The "World Café style" workshop enabled stakeholders to discuss three key questions, local innovations and generate ideas for delivering integrated pharmacist services in the wider health community. The three key questions discussed were:

1. How can we make the most of pharmacists' skills as medicine experts to improve health outcomes for the person? Where might these services might be delivered?
2. What could be done to ensure the right services for the most at-risk populations? How can these be implemented?
3. Who do you want pharmacists to be working with and relating to? How would this be achievable and where might it take place?

The feedback from all the local DHB forums will be consolidated by the National Pharmacy Programme team by the end of February 2016, and the key recommendations will be reviewed at the National Stakeholder Working Group forum in March 2016.

2. National Health Targets

The Primary Care Scorecard (Figure 1), is a standardised tool that is used by both Auckland and Waitemata DHBs to internally review and track performance against a range of measures including the National Health Target (NHT).

The Scorecard shows for each measure the actual performance of both DHBs during Q2 2015/16, against the NHT.

Figure 1: Auckland & Waitemata DHB Primary Care Scorecard (Q2)

Auckland and Waitemata DHB Monthly Performance Scorecard

Primary Care Outcome Scorecard
December 2015
2015/16

Health Targets - Auckland DHB

	Actual	Target		Trend
[a] Better help for smokers to quit - primary care	86%	90%	🔵	▲
More Heart & Diabetes Checks - Total	92%	90%	🟢	--
More Heart & Diabetes Checks - Māori	89%	90%	🔵	--
More Heart & Diabetes Checks - Pacific	91%	90%	🟢	▲
More Heart & Diabetes Checks - Other	93%	90%	🟢	--

Health Targets - Waitemata DHB

	Actual	Target		Trend
[a] Better help for smokers to quit - primary care	88%	90%	🔵	▲
More Heart & Diabetes Checks - Total	90%	90%	🟢	▼
More Heart & Diabetes Checks - Māori	86%	90%	🔵	--
More Heart & Diabetes Checks - Pacific	88%	90%	🔵	▼
More Heart & Diabetes Checks - Other	91%	90%	🟢	--

Best Care - Auckland DHB

Improving outcomes	Actual	Target		Trend
Diabetes annual checks - Total	87%	N/A		▼
Diabetes annual checks - Māori	60%	N/A		▼
Diabetes annual checks - Pacific	75%	N/A		▼
Diabetes annual checks - Other	95%	N/A		▲
Diabetes management - Total	60%	75%	🔴	▼
Diabetes management - Māori	63%	75%	🔴	▲
Diabetes management - Pacific	51%	75%	🔴	▲
Diabetes management - Other	62%	75%	🔴	▼

Best Care- Waitemata DHB

Improving outcomes	Actual	Target		Trend
Diabetes annual checks - Total	77%	N/A		▲
Diabetes annual checks - Māori	80%	N/A		▲
Diabetes annual checks - Pacific	82%	N/A		▼
Diabetes annual checks - Other	75%	N/A		▲
Diabetes management - Total	56%	75%	🔴	▼
Diabetes management - Māori	48%	75%	🔴	▼
[b] Diabetes management - Pacific	39%	75%	🔴	▼
[b] Diabetes management - Other	60%	75%	🔴	▼

Service Delivery - Auckland DHB

Enrolment	Actual	Target		Trend
PHO enrolment - Total	88%	95%	🔴	--
PHO enrolment - Māori	77%	95%	🔴	--
PHO enrolment - Pacific	109%	95%	🟢	--
PHO enrolment - Asian	74%	95%	🔴	--
PHO enrolment - Other	93%	95%	🔵	--

Service Delivery- Waitemata DHB

Enrolment	Actual	Target		Trend
PHO enrolment - Total	93%	95%	🔵	--
PHO enrolment - Māori	81%	95%	🔴	--
PHO enrolment - Pacific	101%	95%	🟢	--
PHO enrolment - Asian	82%	95%	🔴	▲
PHO enrolment - Other	98%	95%	🟢	▼

How to read

Performance indicators:
- 🟢 Achieved/ On track
- 🔵 Substantially Achieved but off target
- 🟡 Not Achieved but progress made
- 🔴 Not Achieved/ Off track

Trend indicators:
- ▲ Performance ***improved*** compared to previous month
- ▼ Performance ***declined*** compared to previous month
- -- Performance was ***maintained***

Key notes

1. Most **Actuals and targets** are reported for the reported month/quarter (see scorecard header).
2. ***Actuals and targets*** in ***grey bold italics*** are for the most recent reporting period available where data is missing or delayed.
3. **Trend lines** represent the data available for the latest 12-months period. All trend lines use auto-adjusted scales: the vertical scale is adjusted to the data minimum-maximum range being represented. Small data range may result small variations perceived to be large.

a. Source DHBSS report. From 1 July 2015 the definition has changed. Therefore the trendline displays 2015/16 Q1 & Q2 only.
b. Missing data points, therefore short Trend line.

A question?

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2. 1 Better Help for Smokers to Quit

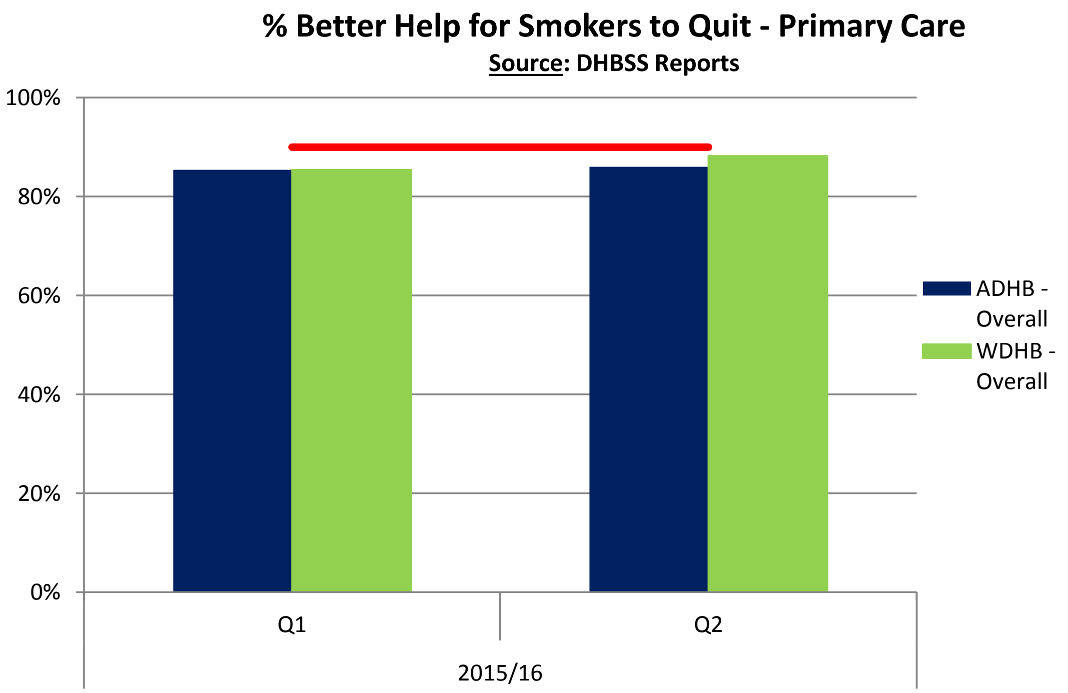
Target: 90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

The 'Better Help for Smokers to Quit' result is reported both as a NHT and at PHO level within the Integrated Performance Incentive Framework (IPIF) (see Section 3). Both Auckland and Waitemata DHBs have made improvements with this target in Q2. Auckland PHO has successfully achieved the target. ProCare, Alliance Health Plus and Waitemata PHOs have yet to meet the target, but all are making good progress towards achieving it and it is anticipated that this will happen by Q4, 2015/16.

The final Q2 results released by the MoH rank Waitemata DHB as the fourth highest performing DHB and Auckland DHB as the tenth. The results are also shown in the Scorecard under Health Targets as well as in Figure 2 below:

- Auckland DHB - 86.0%, ↑0.1% from the previous quarter; and
- Waitemata DHB - 88.2%↑ 1.4% from the previous quarter.

Figure 2 : Auckland and Waitemata DHBs 'Better Help for Smokers to Quite' Performance



All PHOs are prioritising activities and events as per their Smokefree plans to proactively reach more smokers and achieve the target. In order to actively monitor ongoing progress towards achieving the target, Auckland and Waitemata DHBs are requesting PHOs and SmokeFree Coordinators to provide weekly updates in order to monitor progress and to provide collegial support and advice on matters relating to interventions and activities. The weekly updates will provide useful information on the progress being made and interventions and activities applied at a practice level by the PHOs.

Some examples of the interventions and activities that PHOs are planning are summarised below:

- *Phone Call and Texting service* – this is one of the most common interventions identified by the PHOs. Most of the PHOs are planning to phone patients for whom an intervention has not been recorded and to provide advice and support to quit over the phone at a general practice level. These interventions are designed to reach patients who have not received ABC[1] pathway interventions. For example, ProCare's Smokefree Coordinators are working with their Practice Engagement Team to support practices with high number of smokers. General practices also have had the opportunity to text brief advice to their smokers for free during February. This intervention is likely to improve ProCare's performance for this quarter.
- *Reviewing practice level data* – This is being undertaken on a weekly to monthly basis to identify practices that are underperforming and have not achieved the required level of progress in achieving the target. These practices are visited by Smokefree Co-ordinators to encourage the practices to contact patients identified as benefiting from the SmokeFree programme. The coordinators also keep regular contact with the practices via visits, phone calls and emails to ensure an ongoing focus on the health target.
- *Updating contact details* – For example, Alliance Health Plus is working with their practices to update contact details of patients, as they have discovered some practices have very high number of patients with out-of-date contact details.

Auckland and Waitemata DHBs are also receiving monthly data on the proportion of smokers receiving quit smoking advice and support to achieve the target. This will be followed by a meeting with SmokeFree Coordinators to discuss the progress report and to plan for the coming month. Furthermore, the Metro Auckland DHBs and PHOs will be holding a seminar on 6th April 2016 at Sorrentos, One Tree Hill. The national Clinical Leaders for the SmokeFree programme will be attending this event, and it will be regarded as a Continuing Medical Education (CME) and Continuing Nursing Education (CNE) session for all General Practices and Practice Nurses in the Metro Auckland region. The seminar will provide the opportunity to have discussions of clinical relevance on how to support smoking cessation in primary care. This will include giving a training update, with the focus on how to support clients to make evidence-based attempts to stop smoking.

Overall, both Auckland and Waitemata DHBs are expected to meet the target by the end of 2015/16. In order to achieve the target, PHOs are required to provide ongoing monitoring and implementation of activities as per their Smokefree Annual Plans 2015-16. Auckland and Waitemata DHBs are also monitoring and working closely with PHOs to ensure that they are focused on achieving the target.

[1] 'A' is for Asking about and documenting every person's smoking status; 'B' is for giving Brief advice to stop to every person who smokes; and 'C' is for strongly encouraging every person who smokes to use Cessation support (a combination of behavioural support and stop-smoking medicine works best), and offering them help to access it.

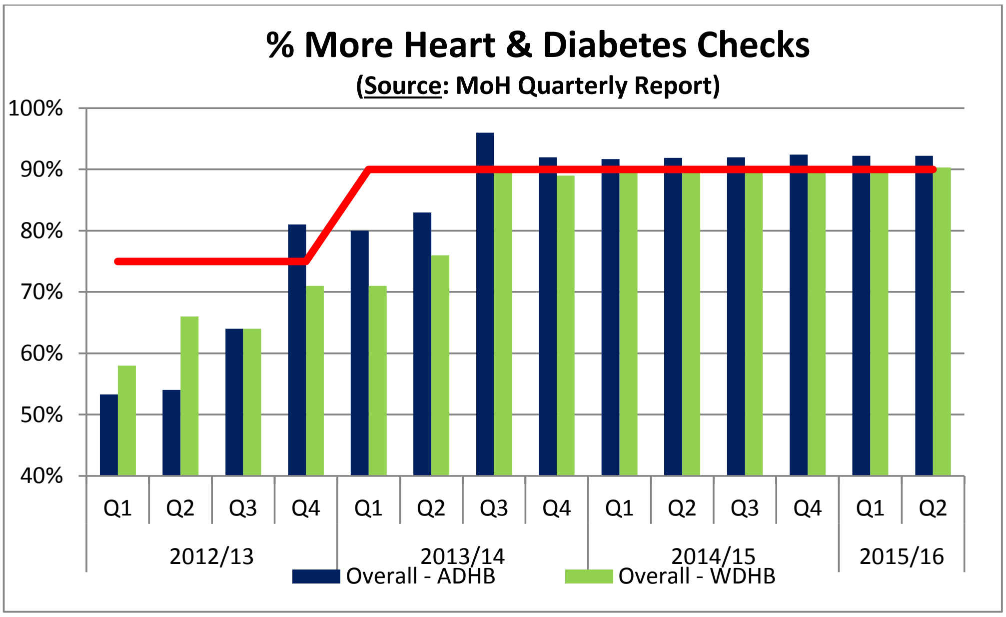
2.2 More Heart and Diabetes Checks

National Health Target: 90% of the eligible adult population will have had their Cardiovascular Disease risk assessed in the last five years by July 2014.

Both Auckland and Waitemata DHBs have met the More Heart and Diabetes Checks NHT in Q2 2015/16. The final results from the MoH show that Auckland DHB has achieved 92.2%, whilst Waitemata DHB has achieved 90.3% (see Figure 3).

All PHOs within the two DHBs have reached the 90% target. In Auckland DHB, 88.9% of the eligible Maori population and 90.8% of the eligible Pacific population has had a 'More Heart and Diabetes Check'. The equivalent percentages for Waitemata DHB were 85.8% and 88.3% respectively.

Figure 3: Auckland & Waitemata DHBs 'More Heart and Diabetes Checks' Trend Data



2.2.1 Improving Population Health - Diabetes Annual Reviews

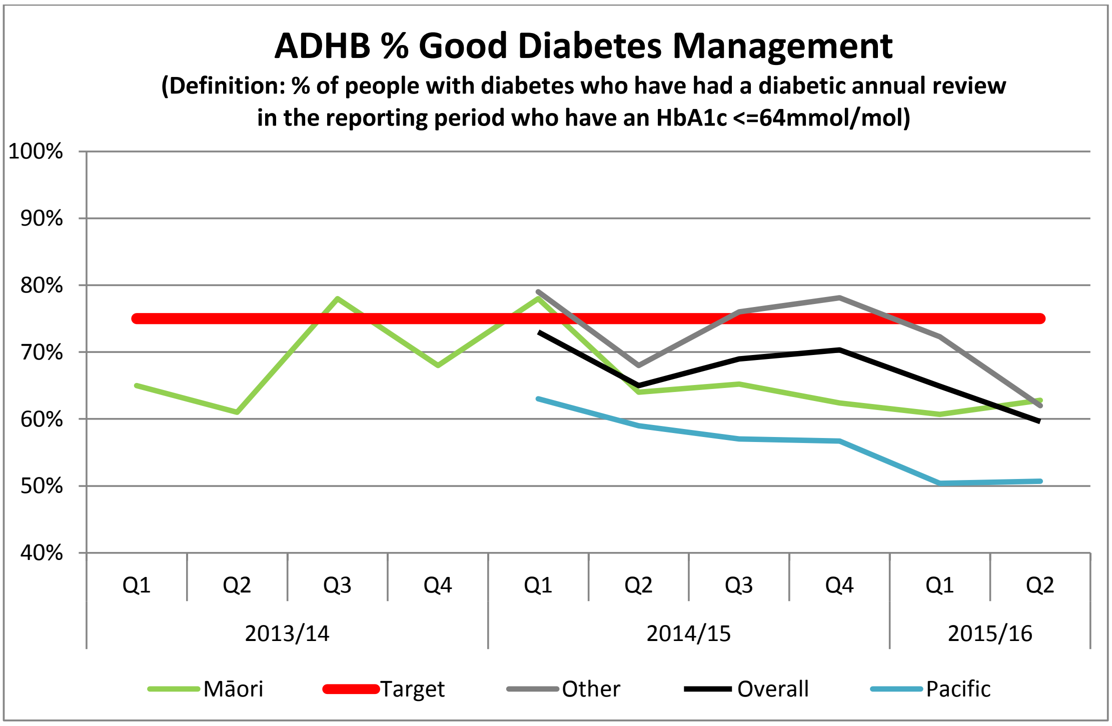
DHB Target: A minimum of 75% of people who have had a Diabetes Annual Review (DAR) will have an HbA1c of <= 64mmol/mol.

An issue with the quality of Q2 diabetes data provided by the PHOs has been identified, particularly for Waitemata DHB. The Primary Care team are currently working closely with PHO colleagues to improve the accuracy of the data. *Provisional* results for ADHB have therefore been presented in this report, and an update will be provided at the next CPHAC Primary Care update. Data for Waitemata DHB is not able to be provided at this point in time as the PHO information received to date is incomplete.This is currently being validated with the PHO concerned.

In Q2 2015/16, within Auckland DHB 87% of those who are on the Virtual Diabetes Register (VDR) have had a Diabetes Annual Review (DAR).

Of those who have had a DAR in Q2 2015/16, approximately 52% showed good diabetes management for Auckland. As shown in Figure 4, there has been a drop in the percentage of good management for Auckland DHB overall, as well as across ethnicities (especially for the Pacific population).

Figure 4: The Good Diabetes Management – ADHB Trend Data



2.2.2 Update on the Diabetes Service Level Alliance (DSLA) Work

Increasing the number of people with good diabetes management is a priority area of focus - as outlined in the Diabetes Service Level Alliance (DSLA) Work Programme. The Work Programme has four main workstreams:

1. *Systems Redesign* - It is about creating a new 'system' that is patient-centred, better integrated, accountable, and maximises outcomes for consumers through the introduction of integrated frameworks, models, and concepts.
2. *Clinical Optimisation* - This Workstream aims to implement a range of complementary strategies targeted at improving prescribing. This includes the implementation of a dynamic pathway which facilitates improved prescribing, and other electronic decision support tools, measuring and reporting on clinical indicators, actively targeting specific individuals with poor control, and increasing GP knowledge by increasing GP access to specialist advice.
3. *Diabetes Self Management Education (DSME) and Support, including Care Planning* - This Workstream will review the effectiveness of the current DSME models of care as well as identify, explore and address the current barriers to access.
4. *Workforce Development* - This Workstream aims to adopt a systems approach to get the right people, in the right jobs, with the right skills, at the right time to improve the health and wellbeing of people with diabetes.

The ALT has given approval for the DSLA to progress with certain Work Programme initiatives at this time. This includes updating the Stocktake, and undertaking Retinal Screening and Podiatry reviews.

However certain initiatives (rest of the Systems Redesign Workstream) have been put on hold subject to the ALT receiving further information by April 2016.

3. Integrated Performance Incentive Framework (IPIF)

The Integrated Performance and Incentive Framework (IPIF), is a quality improvement programme that will support the health system to address equity, safety, quality, access and cost of services. The IPIF has been developed by clinicians, sector leaders and the MoH. It is recognised that IPIF is new and in a transition phase nationally and will continue to evolve as the programme is rolled out under a phased implementation approach.

The IPIF results for Q2 (and the prevous quarter - Q1), for each of the Auckland and Waitamata PHOs are shown in Tables 1 to 5. Note that cervical screening and immunisation activity will be reported in the Women Children and Youth scorecard for the next CPHAC meeting.

Table 1: Q1 and Q2 2015/16 IPIF target vs. actual for Auckland PHO

Indicator	Q1 IPIF Result	Q2 IPIF Result	Quarterly IPIF Target Achieved	Q4 Target – National Target
More Heart and Diabetes Checks	93%	**92%**	Yes	90%
Better Help for Smokers to Quit	93%	**93%**	Yes	90%
Increased Immunisation – 8 Month Olds	93%	**94%**	No	95%
Increased Immunisation - 2 Year Olds	93%	**94%**	No	95%
Cervical Screening	83%	**82%**	Yes	80%

Table 2: Q1 and Q2 2015/16 target vs. actual for ProCare

Indicator	Q1 IPIF Result	Q2 IPIF Result	Quarterly IPIF Target Achieved	Q4 Target – National Target
More Heart and Diabetes Checks	92%	**92%**	Yes	90%
Better Help for Smokers to Quit	85%	**88%**	No	90%
Increased Immunisation – 8 Month Olds	95%	**95%**	Yes	95%
Increased Immunisation - 2 Year Olds	94%	**94%**	No	95%
Cervical Screening	80%	**81%**	Yes	80%

Table 3: Q1 and Q2 2015/16 target vs. actual for Waitemata PHO

Indicator	Q1 IPIF Result	Q2 IPIF Result	Quarterly IPIF Target Achieved	Q4 Target – National Target
More Heart and Diabetes Checks	90%	**90%**	Yes	90%
Better Help for Smokers to Quit	87%	**89%**	No	90%
Increased Immunisation – 8 Month Olds	93%	**96%**	Yes	95%
Increased Immunisation - 2 Year Olds	92%	**92%**	No	95%
Cervical Screening	82%	**82%**	Yes	80%

Table 4: Q1 and Q2 2015/16 targets vs. actual for Alliance Health Plus (hosted by CMDHB)

Indicator	Q1 IPIF Result	Q2 IPIF Result	Quarterly IPIF Target Achieved	Q4 Target – National Target
More Heart and Diabetes Checks	91%	**92%**	Yes	90%
Better Help for Smokers to Quit	85%	**86%**	No	90%
Increased Immunisation – 8 Month Olds	96%	**95%**	Yes	95%
Increased Immunisation - 2 Year Olds	92%	**95%**	Yes	95%
Cervical Screening	74%	**74%**	No	80%

Table 5: Q1 and Q2 2015/16 target vs. actual for National Hauora Coalition (hosted by CMDHB)

Indicator	Q1 IPIF Result	Q2 IPIF Result	Quarterly IPIF Target Achieved	Q4 Target – National Target
More Heart and Diabetes Checks	90%	**91%**	Yes	90%
Better Help for Smokers to Quit	82%	**80%**	No	90%
Increased Immunisation – 8 Month Olds	96%	**96%**	Yes	95%
Increased Immunisation - 2 Year Olds	94%	**95%**	Yes	95%
Cervical Screening	75%	**75%**	No	80%

4. Progress against the 2015/16 Annual Plan Deliverables

4.1 Regional After Hours Network

Auckland and Waitemata DHBs have agreed to cancel the current procurement process for the provision of After Hours clinic services and take the opportunity to re-evaluate the value and effectiveness of the current After Hours model. There is a view to potentially reconsider the design. There are two options currently being developed:

1. Work with the PHOs to develop a revised After Hours Solution
2. Make After Hours Agreements available to all service providers meeting a minimum criteria.

It is proposed that the PHOs and DHBs meet during March 2016 to consider each proposal and reach a combined decision on an appropriate After Hours model for future consideration to the Boards.

The procurement process for the telephone triage service has now been completed. Homecare Medical was identified as the preferred provider by the procurement panel at a meeting on the 18th November 2015. A negotiation panel has been established with representatives from the DHB, PHOs and Accident and Medical (A&M) clinics. Negotiations are currently underway with Homecare Medical and it is expected to reach conclusion in early March 2016.

4.2 The Auckland Waitemata Rural Alliance

The Auckland Waitemata Rural Alliance has been set up to provide advice and direct improvement in care and services across rural areas in Auckland DHB and Waitemata DHB. The Rural Alliance has representation from rural general practices covering the areas of Wellsford, Warkworth, West Rodney, Waiheke Island and Great Barrier Island, servicing a combined enrolled population of 58,530 patients.

The Rural Alliance has agreed to focus on certain priority areas in their work plan to reduce a patient's need to travel by increasing access to diagnostics and interventions in the rural areas. A further focus of the Rural Alliance will be overseeing and providing direction in an advisory capacity for the review of health services on Waiheke Island.

To ensure that the Rural Alliance work plan is able to successfully achieve its goals, it is important to gather baseline information and have a clearer understanding of the current environment. To establish this baseline, a stocktake of services delivered by Auckland and Waitemata DHB Rural General Practices is currently underway. The stocktake and gap-analysis will then inform the subsequent development of the Rural Alliance Work Plan.

4.3 Primary Mental Health

4.3.1 Stepped Care Model

The Primary Mental Health services delivered by the PHOs are based on the stepped care model, as articulated in *Rising to the Challenge* (the Mental Health and Addictions Service Development Plan, 2012–2017). These services, with the exception of the Prime Minister's Youth Mental Health Initiative, are targeted to Maori, Pacific and quintile 5 patients. Auckland and Waitemata DHBs use similar service specifications for the adult primary mental health initiatives Agreements with the PHOs, and apply the available funding to the PHOs weighted towards the Maori, Pacific and quintile 5 populations.

Additional funding provided by the MoH to target alcohol screening and brief interventions in primary care settings has transitioned to DHB baseline funding for 2015/2016. This funding continues to support and extend brief interventions that are already in place as part of existing primary mental health initiatives.

4.3.2 Auckland DHB

The Primary/Secondary Integration Strategic Group and the linked Tāmaki Locality Mental Health Project continue to look at opportunities for increased integration between primary and secondary mental health services (see also section 4.3.5, Tāmaki Locality work). Additionally, the Youth Alliance, led by ProCare PHO, provides primary mental health interventions to youth (aged 12 to 19 years). The Q1 and Q2 volumes for Auckland DHB are shown in Table 6.

Table 6: 2015/16 Quarter 1 and 2 Auckland DHB volumes

	Auckland PHO		**Procare**		**AH+**		**NHC**		**Youth Alliance**	
Ethnicity	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
NZ European	190	111	2437	2158	82	99	86	65	219	161
Māori	40	35	482	450	46	32	16	12	67	59
Pacific Island	24	23	419	351	102	48	6	11	70	110
Asian	43	35	660	582	200	191	41	32	72	59
Other	55	38	130	120	90	69	6	6	29	20
Unknown	0	0	0	0	0	0	0	0	0	0
Totals	**352**	**242**	**4128**	**3661**	**520**	**439**	**155**	**126**	**457**	**409**
Target	**84**	**84**	**352**	**352**	**115**	**115**	**79**	**79**	**104**	**104**

Please note that the Q1 data reported above may differ from that previously reported. This is due to the inclusion of delayed reporting from some General Practices following Q1 activity.

4.3.3 Waitemata DHB

In previous years, Waitemata DHB has funded PHOs by enrolled population. For 2014/15 Waitemata DHB has moved to funding by enrolled Māori/Pacific and quintile 5 populations (using the same methodology as used by ADHB). Due to the significant changes in PHO funding this would cause, Waitemata DHB has agreed to phase this funding change over 2014/15, and the first two quarters of 2015/16. This funding arrangement will be reviewed prior to 2016/17, when utilisation data is analysed and the business cases for the 'Our Health in Mind' Action Plan (2016-2021) have been approved.

HealthWest provide primary mental health interventions to youth (aged 10 to 24 years), as part of the Waitemata DHB Youth Health Hub. The Q1 and Q2 volumes for Waitemata DHB are shown in Table 7.

Table 7: 2015/16 Quarter 1 and 2 Waitemata DHB volumes

	Waitemata PHO		**Procare**		**HealthWest**	
Ethnicity	Q1	Q2	Q1	Q2	Q1	Q2
NZ European	260	387	1788	1536	286	175
Māori	38	47	505	542	137	52
Pacific Island	15	30	234	359	57	26
Asian	17	55	316	253	14	5
Other	10	29	86	70	22	7
Unknown	0	0	0	0	0	0
Totals	**340**	**548**	**2929**	**2760**	**516**	**265**
Target	**348**	**348**	**547**	**547**	**357**	**357**

Please note that the Q1 data reported above may differ from that previously reported. This is due to the inclusion of delayed reporting from some General Practices following Q1 activity.

4.3.4 Metro Auckland Collaborative for training primary care nurses in mental health and addictions

Auckland Metro DHBs and PHOs have formed a Collaborative to provide a regional mental health and addictions credentialing programme for primary health care nurses based on Te Ao Māramatanga New Zealand College of Mental Health Nurses (NZCMHN), Primary Care Nursing Mental Health and Addiction Credentialing Framework. A collaborative approach has been undertaken to:

- Directly respond to the Government's priority agenda of integration and mental health needs of our communities
- Foster positive cross-working and joint-working approaches to provide one programme of learning to the primary health care nursing workforce
- Endeavour to provide a service delivery model which can be sustained over the next 2-5 years as an example of innovative integration to both serve community need and support workforce gaps.

An initial 'pilot' credentialing programme for primary health care nurses is near completion and a graduation event for the nurses involved has been undertaken during late February 2016.

The programme has been independently evaluated to assess the programme of learning, service model of delivery and future programme sustainability. The key findings of the draft evaluation have been distributed amongst stakeholders. These findings demonstrate that the credentialing process was found to be very valuable by participants, and stakeholders rated the programme's relevance, efficiency of implementation, effectiveness, and value for money as very good to excellent.

4.3.5 Tāmaki Mental Health and Wellbeing Initiative

The Tāmaki Mental Health and Wellbeing initiative primary care/NGO integration pilot began in September 2015. This pilot has linked three NGOs with two GP practices and is preparing to link a third general practice in Mount Wellington.

For the period 1st September to 31st December 2015, 33 referrals were made to the NGO services. Of these referrals nine people declined support, 16 people are currently receiving support, three people have achieved their goals and no longer require support, and five people left support for a variety of reasons (e.g. moving out of the area). A total of 382 Support Hours have been utilised from 1st September to 31st December 2015 as part of this initiative. The working group is currently focused on why nearly a quarter of referrals declined the service - this may be in part a communication issue (e.g. one person referred expected the NGO support worker to provide housing).

The Tāmaki Mental Health and Well-being Initiative have secured premises in central Panmure. These premises will be used establish a local presence for the Initiative and trial support activities. A number of suggestions for support activities have been discussed including PeerZone groups (PeerZone is a peer led series of workshops where participants explore recovery and well-being).

4.4 Continue to Support the Regional Primary Options for Acute Care Services

The annual target of Primary Options for Acute Care Services (POAC) referrals is 6,042 for Auckland DHB, 6,519 for Waitemata DHB and 12,320 for Counties Manukau Health. 85% of POAC interventions will avoid the patient needing to go to hospital.

The POAC service provides responsive coordinated acute care in the community, with an aim to reduce acute demand on hospital services and allowing patient care to be managed closer to home. Funded by the three Metro Auckland DHBs, POAC offers a safe and effective alternative to a hospital presentation or admission. Clinical pathways and policies support consistent practice and drive greater safety and quality of care.

The DHBs performance in Q2 2015/16 is as follows:

- The total number of Auckland Metro POAC referrals in Q2 (October – December 2015) was 4,994 (20% below the target - see Table 3 below). Counties Manukau DHB is 38% below target and Auckland DHB is 30% below target, while Waitemata DHB is 24% above target volumes for the quarter.
- Overall, the total referrals received decreased by 4% compared with the same period in the previous year of 5,190 (Auckland DHB <12%; Counties Manukau DHB <3%; Waitemata DHB no decrease).
- The average cost per referral remains lower across the whole region compared with the same time last year. This in part can be attributed to changes in clinical policies and revised provider agreements.
- In Counties Manukau DHB, 86% of patients were safely managed in the community and avoided hospital presentation with 88% in Auckland DHB and 88% in Waitemata DHB.

Table 8: Total number of Auckland Metro POAC referrals (Q2)

	Waitemata DHB	Auckland DHB	Counties Manukau DHB
Actual number of POAC referrals *(target number of referrals)*	2,020 *(1,630)*	1,337 *(1,510)*	2,401 *(3,080)*
Average cost per referral (excl. GST), budget $200.00	$145.44	$147.90	$168.30
Referrals by ethnicity			
Maori	7%	9%	16%
Pacific	8%	13%	19%
Asian	6%	13%	11%
Other	79%	56%	54%

The review POAC and Access To Diagnostics (ATD) initiatives within the Metro Auckland area has been endorsed by the Metro Auckland Clinical Governance Forum (MACGF) and is now underway. The review is a key deliverable of both the Auckland and Waitemata DHB's 2015/16 Annual Plan.

Waitemata DHB has approved an increase of $200,000 for clinical costs for the POAC service until 30th June 2016. POAC clinical costs across the MetroAuckland DHBs are as follows:

Table 9: Metro Auckland DHBs - POAC Clinical Costs

DHB	POAC Clinical Costs
Primary Options for Acute Care – Waitemata DHB Clinical Costs	$1,508.582.00
Primary Options for Acute Care –Auckland DHB Clinical Costs	$1,212,788.00
Primary Options for Acute Care – Counties Manukau DHB Clinical Costs	$2,464.000.00

5.2 Planning, Funding and Outcomes Update

Recommendation

That the report be received.

Prepared by: Tim Wood (Acting Funding and Development Manager Mental Health and Addictions), Kate Sladden (Funding and Development Manager Health of Older People), Aroha Haggie (Manager Maori Health Gain), Samantha Bennett (Manager Asian Health Gain) and Jane McEntee (General Manager Auckland Regional Public Health Service)
Endorsed by: Dr Debbie Holdsworth (Director Funding) and Simon Bowen (Director Health Outcomes)

Glossary

ACH	-	Auckland City Hospital
ACOS	-	Assertive Community Outreach Service
AOD	-	Alcohol and other drug
ARRC	-	Aged related residential care
ARPHS	-	Auckland Regional Public Health Service
CPHAC	-	Community and Public Health Advisory Committee
DHB	-	District Health Board
DNA	-	Did Not Attend
GP	-	General Practice
HAT	-	Healthy Auckland Together
HBSS	-	Home Based Support Services
HCSS	-	Home and Community Support Services
HNA	-	Health Needs Assessment
HNZ	-	Housing New Zealand
MoH	-	Ministry of Health
MBIE	-	Ministry for Business, Innovation and Enterprise
MDT	-	Multi-disciplinary team
MSD	-	Ministry of Social Development
NZMA	-	New Zealand Management Academies
OAMD	-	Outcomes Agreement Management Plan
QPR	-	“Question, Persuade, Refer”
SACAT	-	Substance Addiction (Compulsory Assessment and Treatment) Bill

Summary

This report updates the Community and Public Health Advisory Committee (CPHAC) on Auckland and Waitemata District Health Boards’ (DHB) planning and funding activities and areas of priority, since its last meeting on 3 February 2016. It is limited to matters not already dealt with by other Board committees or elsewhere on this meeting’s agenda.

1. Planning

1.1 Annual Plans

Work is progressing on Auckland and Waitemata DHB's Annual Plans. Both plans are being reviewed to ensure reflection of each Board's Strategic Themes. A first draft of the plan will be submitted to Waitemata DHB's Audit and Finance Committee for approval at its meeting on 16 March 2016 and to Auckland DHB's Board for approval at its meeting on 30 March 2016. The date for submission to the National Health Board is 31 March 2016.

2. Community Engagement – Waitemata DHB

2.1 Engagement Strategy and Work Plan

An Engagement Strategy for Waitemata DHB was endorsed by its Board in December 2015. Work is now underway to progress key actions and to develop a work programme for the coming year.

2.2 Public Consultation and Engagement Policy

The joint Auckland and Waitemata Public Consultation and Engagement Policy is in the process of being updated. The current policy was due for review and the opportunity is being taken to ensure that the policy fits with the new Auckland DHB and Waitemata DHB engagement and participation strategic approaches. The work mentioned in the paragraph above will inform the policy update.

2.3 Primary Birthing Consultation

A consultation to gain feedback on options for primary birthing units in Waitemata took place between 18 January – 29 February 2016.

The consultation was aimed at all of the DHB community, from health professionals to mothers and families, as many people are known to influence a mother's choice of birth locations. Feedback was aimed at gaining a better understanding of where a primary birthing unit should be located, what facilities should be there and how the unit should be managed. The consultation was intended to help us to understand what would encourage the community to use the unit.

The consultation included an opportunity to provide feedback online, to attend one of a series of events, or to request a speaker for a group or network. Seven DHB run events took place over a range of dates and locations including weekends and evenings. These included targeted events for the Asian, Pacific and Māori community as well as general community events. Small group discussions were held with a wide number of groups and organisations including:

- Safari playgroup for refugee and migrant families
- Positive parenting network
- Ranui network meeting
- De Paul House café club
- Enua Ola Health Committee
- The Asian Network Incorporated Network meeting
- Matua Pasifika Wellness Group
- Incredible Years programme (Whānau House)

The consultation was promoted through social media and a wide range of networks. Posters were distributed through libraries, community centres and Plunket centres. Media coverage encouraged participation and working in partnership with Health Link North, Waitakere Health Link, Te Runanga o Ngāti Whātua, the North Shore Pasefika Forum, the Fono and the Asian Network Incorporated helped to encourage participation both online and at the events. The support from our partners has been invaluable.

On completion of the consultation process, we then plan to have all feedback analysed by an independent company who specialises in Health Research. The results will then be shared with the Waitemata Board in the coming months.

2.4 Consumer representatives

Following the Waitemata consumer representative forum in November 2015, feedback has been gathered from Waitemata DHB staff to understand their perspective on working with consumer representatives. Comments from staff on the benefits of working with consumer representatives included:

- "Get a different viewpoint non clinical view. Find out what their experience is. I continually have to adjust my thinking to include their experience. It has been challenging but worthwhile."
- "Understanding what is important for consumers and the order of priority. Saves re-work, have ideas about what is useful and will work for them. A different perspective."
- "Ensures planning, processes, service delivery etc is patient focused and works for both the patient and their family / whānau."

The survey highlighted that more guidance and support is needed for staff to feel confident working with consumer representatives.

An Auckland metro regional consumer representative forum will be held on Friday 11 March as part of Patient Experience week and will be used as an opportunity to recruit new consumer representatives, to provide advice and training to existing representatives and to gain feedback on what else the three DHBs could be doing better, and particularly, what alignment or co-ordination is needed at a regional level.

2.5 NGO open days

NGO open days are being organised by Waitakere Health Link and Health Link North to take place during Patient Experience Week on Tuesday 8 March. Waitakere Health Link's NGO open day will be held from 11.30 to 2pm behind main reception at Waitakere Hospital, whilst Health Link North will hold theirs in the ground floor foyer and corridor at North Shore hospital from 10am-2pm. Staff can talk to community organisations who provide health services to patients leaving hospital to support them to stay well in the community.

2.6 Youth Health Expos

Health Link North is leading the planning of two youth health expos that will take place in the coming months: 1 April in Warkworth and 27 May in Wellsford. This follows the successful expo in Wellsford in 2015 which particularly focused on helping youth to understand what mental health and sexual health support and services are available for them.

The purpose of the Youth Expo is Tri-fold:

1. To raise awareness with Youth, their parents, and the community, of the health services available to youth in their region.
2. To provide an opportunity for youth to express their concerns, access issues, and barriers they experience in engaging with Health and Social Services in their region.

3. To give youth opportunities to seek understanding of health and wellbeing through asking questions and engaging with participating agencies and providers.

The expos are being held in partnership with the local colleges to facilitate significant youth involvement, with students from both colleges having input into the planning of the events. Parents and other community members will be invited to attend the expo at the end of the school day.

The events will include a mixture of stall holders, interactive activities / performances, a panel discussion and will also provide space for one-to-one conversations for more sensitive issues. Discussions are underway with Te Runanga o Ngāti Whātua to work in partnership to hold a similar event in Helensville with Kaipara College.

3. Health of Older People

3.1 Home and Community Support Services (HCSS)

Work continues detailing the HCSS model at each DHB in readiness for procurement. However, this needs to be considered in light of the national notification to all DHBs to roll over their existing HCSS contracts for 12 months. This will allow for the Inbetween Travel actions to be finalised and the implications of this and further recommendations from the Director General's report (yet to be released) on HCSS model components, future contracting and timelines to be fully understood.

Inbetween Travel funding was devolved to the DHBs to manage starting 29 February 2016; accordingly contract variations have been prepared for all Auckland and Waitemata providers.

The table below reports on the Ministry of Health (MoH) interRAI measure ie the proportion of clients receiving HCSS who have had an interRAI assessment.

2016/17	Q1	Q2
Auckland DHB	97.1%	97.5%
Waitemata DHB	88.6%	92.4%

3.2 Aged Related Residential Care (ARRC)

The 2015/16 ARRC Agreement has a new clause that requires all facilities to use interRAI as their primary assessment tool. The table below shows performance against the MoH interRAI measure ie percentage of people in aged residential care who have a subsequent assessment completed within 230 days of their previous assessment.

	Quarter 1	Quarter 2
Auckland DHB	49%	62%
Waitemata DHB	42%	56%

The MoH, ACC and the Health Quality and Safety Commission are working in partnership on a national Pressure Injury Prevention and Management Programme. Starting in 2016 pressure injuries will be a focus of the ARRC audit process. We expect this will see an increase in both reporting and corrective actions relating to pressure injury prevention and management. At the same time it will provide an opportunity for the DHB Quality and Monitoring Managers to support facilities to improve processes and protocols in this area of care.

4. Maori Health Gain

4.1 Maori Health Providers Integrated Contract Progress Update

Implementation of the integrated contracting strategy is progressing. In 2014/15 this included conducting a systematic and quality review of the individual service lines contracted with the Maori providers. This informed the development of the integrated contract framework which has evolved from multiple contracts to one contract that aligns to Nga Painga Hauora, the Auckland and Waitemata DHB Maori health outcomes framework. These integrated contracts endeavor to take the next step towards a holistic model of care designed to measure outcomes through carefully crafted services that deliver a package of care with a clinical and a community component. We continue to work closely with the Maori providers utilising the principles of a co-design.

Phase one completed in 2014/15 included:

- the development, sign-off and implementation of 3 year integrated contracts delivering a package of care to their community
- the development of a Maori Health Outcomes framework with Sir Mason Durie
- the development of a performance reporting management framework that includes RBA methodology, results based scorecard reporting tool, data dictionary
- establishment of a clinical advisory steering group to provide clinical support and guidance for contracted clinical services

We are currently well into phase two which includes:

- reviewing current provider health service delivery and conducting health need analyses
- establishing a change management process to implement change for service redesign and/or Deadline for sign-off
- completion of service redesign of Phase Two Cardiac Rehabilitation Model and improvement and signed off by senior management, Maori providers and process with sector services
- movement towards multi-lateral streamlined contracting with establishment of Outcomes Agreement Management Plan (OAMP) agreements (to be piloted with Mental Health and Health of Older People during 15/16)

The Phase Two Cardiac Rehabilitation model of care is being redesigned in response to work done by the ADHB and WDHB provider arm services and northern region clinical network to improve the current model and to establish minimum guidelines for phase two cardiac rehabilitation. We are working closely with the Maori health providers and secondary services from Auckland and Waitemata DHBs to improve quality, safety, deliver services closer to home and improve integration of cardiac services between hospital and community.

4.2 DNA Strategy

A progress presentation on the Did Not Attend (DNA) strategy was provided to the Manawa Ora meeting in February. This summarised the evidence on drivers of DNA rates, evidence based interventions and the proposed comprehensive DNA strategic approach, which focuses on reducing inequalities for Māori and Pacific. A gap analysis is being undertaken to assess current DNA activity in both Auckland DHB and Waitemata DHB against this framework. This will result in a set of prioritised activities to be presented back to Manawa Ora in April 2016.

4.3 Bariatric surgery

Scoping is being finalised for the project to reduce barriers to bariatric surgery for Māori and Pacific at both Auckland and Waitemata DHB. This has highlighted several related pieces of work already underway or planned including: e-referrals; a bariatric HealthPathways proposal; patient journey mapping; and the Whānau Health Literacy and Navigator project for bariatric surgery (funded by the Ministry of Health and being undertaken at Waitemata DHB and Counties Manukau DHB). These activities have been included under the project scope. The project has identified several key areas of focus to reduce barriers including the patient selection process, the service pathway (including general practice) and written materials. Key linkages are being made between this work and DHB focus on diabetes management, adult weight management and the childhood obesity plan.

5 Asian, Migrant and Refugee Health Gain

5.1 Reducing acute flow to the Auckland City Hospital (ACH)

Two separate pieces of work have been undertaken concurrently. The first is an analysis of:

- demographic data of people living and studying in the Auckland CBD
- stocktake of general practices (GP) in the Auckland CBD
- review of the utilisation of ED services data for domestic/long term migrants as compared to new migrants across main ethnic groups.

The second is a student survey on 'Student Awareness of Health Services and Health Information in the Auckland District'. The survey participants included those students enrolled in the University of Auckland, Auckland University of Technology (three campuses), New Zealand Management Academies (NZMA) (three campuses), and Massey University. The survey was rolled out on the Auckland DHB online Buzz Channel and promoted to students via a multi-strategy approach including formal university and student association Facebook pages, student intranet, posters and face-face promotion. Hardcopy surveys were translated in Simplified Chinese and Korean for NZMA.

Current strategies to reach out to students and new migrants include podcast videos in English and Chinese (Mandarin) to be parked on the Your Local Doctor website, and promoted via a multi-platform/settings approach for example via university orientation week sessions, student health centers and hubs, ethnic media channels, Immigration NZ – NZ Now website, ethnic associations, NGO platforms, Citizen's Advice Bureau, and settlement support agencies etc.

5.2 Increasing the number of Indians who have a heart and diabetes check through targeted engagement

Health Families Waitakere, Diabetes NZ (Auckland Branch), and The Asian Network Incorporated are collaborating to develop a strategy to engage Indian males (35-44 years) across their workplaces and communities on targeted efforts towards increasing heart and diabetes checks.

6 Mental Health and Addictions

6.1 Substance Addiction (Compulsory Assessment and Treatment) Bill

The Ministry of Health has requested DHBs provide a preferred model of care for alcohol and other drug (AOD) withdrawal management that will support the provision of services under the Substance Addiction (Compulsory Assessment and Treatment) Bill (SACAT Bill) to be implemented in 2016/17.

The SACAT Bill provides for the compulsory assessment and treatment of individuals who are considered to have severe substance addiction, and who do not have the capacity to participate in treatment to:

- provide for compulsory treatment of persons with severe substance dependence for the purpose of protecting them from harm and restoring their capacity to make their own decisions about their future substance use;
- stabilise their health through the application of medical treatment (including supported withdrawal);
- facilitate a comprehensive assessment of their dependence;
- facilitate the planning of ongoing voluntary treatment and aftercare for them and; to
- give them an opportunity to engage in voluntary treatment.

The introduction of this legislation will have a significant impact on the AOD sector. In particular the new model of care and the need for locked treatment facilities has logistical, service design and financial implications.

The SACAT Bill provides a more effective compulsory addiction regime than the current Alcoholism and Drug Addiction Act, and is therefore likely to be used more extensively. The MoH has previously estimated that there will be set-up costs of $350,000 (excluding GST) to equip the clinical and justice sectors to undertake their statutory roles in accordance with the new regime. Ongoing operational costs are estimated to be at least $775,000 per annum (excluding GST).

To this end, the MoH have indicated the intention to devolve the funding for the five withdrawal management (social detoxification beds for methamphetamine users) beds to the Northern Region DHBs as of July 1 2016 to:

- support existing providers social detox service provision and/or pathways; and/or
- as part of any remodelling of withdrawal management care; and/or
- assist DHBs to respond to updated compulsory addiction assessment and treatment legislation anticipated to be introduced in 2016.

These funds appear to be insufficient to establish new treatment services of this nature. The Northern Region will undertake a Service Mapping exercise to provide a regional process to determine the best use of existing resources and to highlight any gaps in service provision that will need to be addressed in order to implement the Act.

It is proposed that Waitemata DHB is the lead DHB for this process. The rationale for this is that Waitemata DHB holds the contract for Regional Community Alcohol and Drugs Services. The proposed plan is to:

- develop and design a service map of existing AOD services in the Region
- review the epidemiology to identify the estimated need
- conduct a literature review of withdrawal management models and in particular compulsory treatment internationally
- identify existing resources, service gaps and the capacity of existing services across the region to manage withdrawal both voluntary and involuntary
- support the development of the withdrawal management model of care
- estimate the funding required to support establishment of compulsory treatment
- hold a Regional forum (or series of forums) to consult and get feedback on the draft model of care
- inform the Northern Regional DHB Select Committee submission.

7. Housing

In response to a paper presented to CPHAC at its meeting on 25 November 2016 on housing issues in Auckland, members requested further information on the practical steps DHBs are taking to respond to housing issues.

The November paper outlined the AWHII programme to reduce the impact of rheumatic fever, involvement in the Tamaki Regeneration Project including development of a health assessment framework, service provision and support in the Western Park Village in Ranui, participation in the Auckland Rough Sleeper Strategy and steering group and policy work on homelessness and overcrowding with Auckland Council, the Ministry of Social Development (MSD), the Ministry for Business, Innovation and Enterprise (MBIE) and other government agencies.

Further information is provided here about some of the other work going on in DHBs.

7.1 Health Social Work

Health Social Workers (HSW) are allocated to every ward, and across all community services. A core part of their role is assessing the impact of housing on the health of patients / clients. They are very often involved in coordinating a response from the wider MDT to the housing issues, and engage in ongoing advocacy to assist people resolve complex housing issues.

At Waitakare hospital approximately 3 people per week are referred to social work because they are homeless. At North Shore Hospital 1-2 people per week are referred to social work because they are homeless andthe numbers are increasing across both sites. With the person's consent, social work is asked to intervene prior to discharge to assist a person to find accommodation. This is an increasingly challenging role for social workers and there is no quick fix. Social workers work alongside the person, the person retains their right to choose where they want to live.

Given the current economic and political situation there are very few housing options available and half of patients at North Shore and a third of patients at Waitakere are discharged to their car or back to the place they previously inhabited, for example a local bush reserve or city street and in some cases this is the active choice of the person involved.

Interventions to assist a person find some housing options and to, as far as possible, assist their safety take the social worker an average of three hours per person depending on the circumstances of the person and the availability of housing options.

7.2 Housing escalation pathway and cross-sector working

An escalation pathway has been developed between Auckland DHB, MSD and Housing New Zealand (HNZ).

All health social workers have received training in the housing application process and regularly escalate issues to the Allied Health Director for resolution, with some great success to date.

In Janary 2016 a number of Auckland DHB employees attended a HNZ workshop to assist them with the development of their tenancy management policy – this was an excellent opportunity to help inform the future direction of HNZ.

7.3 Interagency working in mental health

Auckland DHB's Assertive Community Outreach Service(ACOS) Team Leader attends a monthly vulnerable and at risk homeless people of concern forum. This forum provides a joined up / mulitagency planning opportunity for our most vulnerable service users.

ACOS staff participate in the Central Auckland Rough Sleepers Initiative. This forum is focused on relationship development, understanding each other's roles and responsibilities, and developing joined up responses for people who are homeless.

Under a Churchill Fellowship, Garrick Martin, the ACOS Team Leader will be travelling to the United States in May 2016 to study effective responses to homelessness.

7.4 Discharge planning and use of alerts (Auckland DHB)

With consent from people who are homeless, an alert is placed on their clincial record. This has a management plan attached which provides clear guidance to the medical team regarding who the key people in the community are that support the homeless person, and who to liaise with to support a safe discharge.

Homeless people are identified early, discharge planning occurs in consultation with the person's community team.

A relationship between Lifewise, City Mission and Auckland District Health Board continues to develop – strong linkages have been established between these teams, and the health social work team.

8. Auckland Regional Public Health Service (ARPHS)

8.1 Submissions

ARPHS has so far completed and submitted one additional submission during January and four submissions in February 2016.

Date	Topic	Brief note
27 January 2016	***Residential Tenancies Amendment Bill***	• This Bill sets out the new requirements, powers and timeframes regarding insulation and smoke alarms. • ARPHS submission highlighted the importance of mandatory home insulation and other health and safety requirements for improved health outcomes.

Date	Topic	Brief note
4 February 2016	***Consultation on a National Policy Statement on Urban Development***	• The proposed National Policy Statement is intended to guide regional authorities in the assessment of residential and business development capacity. • ARPHS submission highlighted the importance of health promoting urban form where it is well planned and implemented, incorporating healthy urban design principles.

Date	Topic	Brief note
11 February 2016	***Proposed Residential Tenancies Regulations for insulation and smoke alarms***	• The Residential Tenancies regulations provided a more detailed set of requirements than the Bill. This included the degree of insulation required for rental properties, numbers of smoke alarms and proposals for which properties could be excluded from the requirements. • ARPHS submission requested increased insulation, and other safety requirements e.g. smoke alarms. It also requested broader application of these mandatory health and safety requirements for rental housing.
12 February 2016	***Reducing harm caused by commercial sunbeds***	• ARPHS proposed greater restrictions on commercial sunbeds, a significant contributor to melanoma and other skin cancers in New Zealand. • ARPHS submission built on its previous experience with monitoring compliance of new Auckland Council restrictions on sunbeds, the first of this kind in New Zealand.

8.2 Upcoming submissions

The table below reflects anticipated submissions, which may change as our scanning and screening of opportunities continues.

Due Date	Topic	Brief note
9 March	***Better Urban Planning***	ARPHS is responding to an issues paper released by the Productivity Commission regarding their inquiry and review of New Zealand's urban planning system. The Commission will identify the most appropriate system for allocating land use to support desirable social, economic, environmental and cultural outcomes.
8 March	***Contaminated Land Management Guideline No. 5: Site Investigation and Analysis of Soils***	This guideline provides best practice for the sampling and analysis of soils on sites where hazardous substances are present or suspected in soils in New Zealand.
15 March	***Council 2016-2017 Annual Budget***	The council annual budget 2016/2017 covers the second year of the current long-term plan.
17 March	***Transport for Future Urban Growth***	This consultation opportunity from Auckland Transport outlines the proposed direction for transportation options to support increased housing capacity for growth in the Auckland region.

8.3 Building (Pools) Amendment Bill Oral Hearing

ARPHS Medical Officer of Health, Dr David Sinclair and General Manager, Jane McEntee presented an oral submission to the Local Government and Environment Select Committee on 22 February. The presentation supported the key messages from ARPHS written submission, which was endorsed by the three metro Auckland DHBs.

8.4 Measles Outbreak

On 4 February ARPHS issued a measles alert after an individual ignored medical instruction to go into quarantine. To date, we have undertaken contact tracing of more than 400 people and more than 100 have been instructed to go into quarantine. At the end of February there were approximately 44 people in quarantine, six confirmed cases and two more cases being investigated by ARPHS staff. A five-case outbreak (so far) is the result of one importation from India via China of a patient travelled while unwell and arrived in Auckland on the 30 January 2016. A second importation of measles occurred when the case arrived from India, although the patient was not infectious on the flight and developed symptoms on the 14th February 2016.

8.5 Zika Update

ARPHS has been notified of and interviewed 40 cases of Zika within Auckland since 1 January 2016. ARPHS staff have been responding to a number of health professional queries re Zika and are in close liaison with Ministry. A health professional advice was disseminated to primary care and information from the Ministry of Health has been continually updated on the ARPHS website.

8.6 Healthy Auckland Together (HAT) Update

Healthy Auckland Together (HAT) partners are continuing to collaborate on a range of initiatives throughout the Auckland region.

The quarterly inter-agency meeting with HAT partners was held on 23 February and included a workshop focused on reducing inequities. The purpose of the workshop led by Dr Catherine Jackson was to explore ways to strengthen the equity lines of key HAT projects and encourage discussion about targeted approaches to reduce inequity in the Auckland region.

A HAT Partnership Survey to gain feedback on the collaboration and the effectiveness of the coalition has been completed and results shared with partners at the recent IAG meeting. Overall responses were very positive and have provided some valuable feedback for consideration within the collaboration.

HAT is co-producing a Student Health Team Manual that will be available nationally to the Learn by Heart Programme and Health Promoting Schools.

HAT partners are working together on the development of a submission to the Review of the Code for Advertising to Children and the Children's Code for Advertising Food due in April.

During the month of February a key promotional event supported by HAT partners has been the Auckland Bike Challenge. Auckland Transport has surpassed their target of 60 workplaces and has had approximately 166 organisations, including 2,237 individuals involved in the challenge. The 1st March will see the launch of Auckland Transport's new campaign, Walk Month March. This new event includes the Auckland Walking Challenge and Aucklanders are being encouraged to leave their cars at home for short journeys and enjoy the many benefits of travelling by foot.